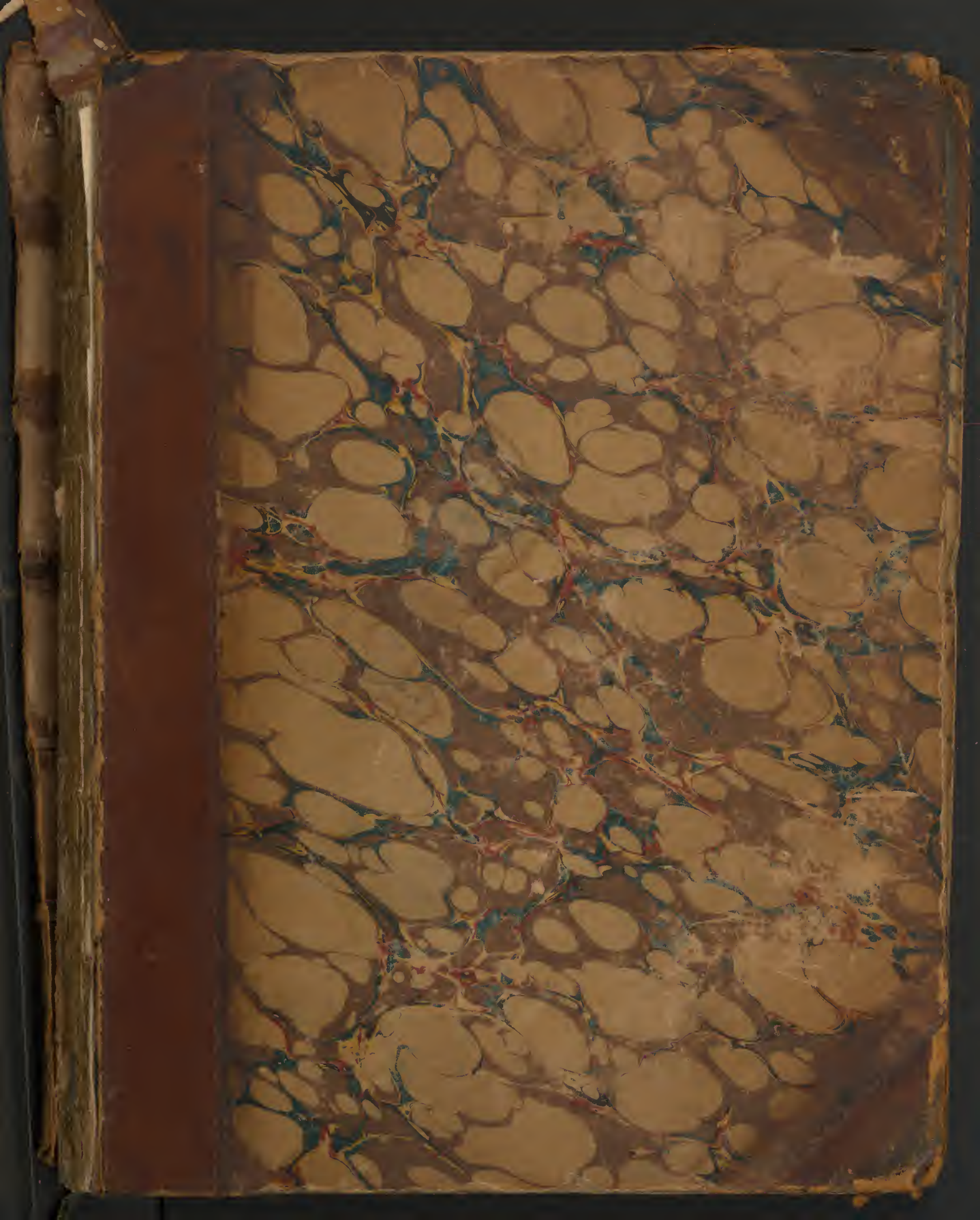

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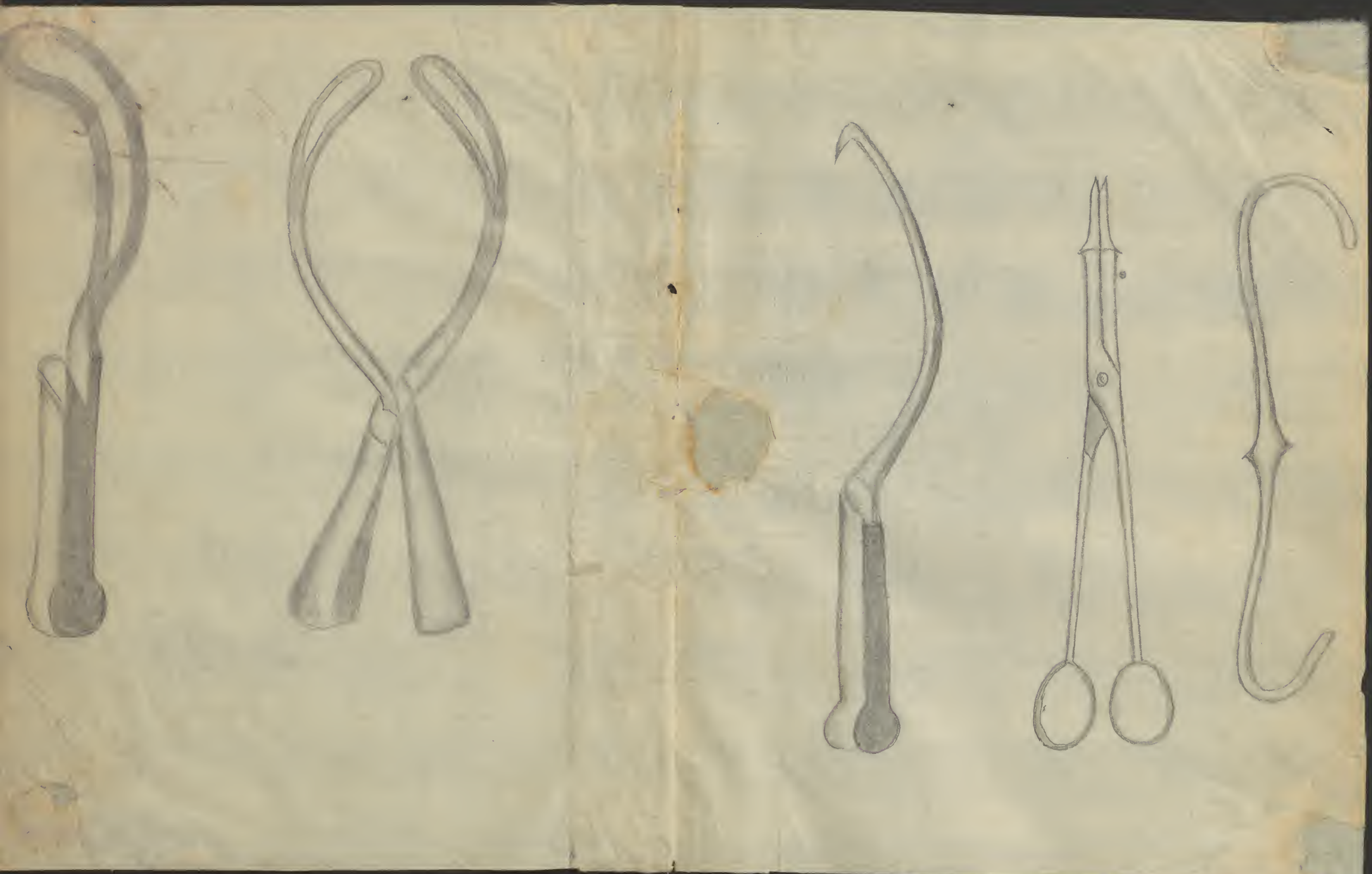

Wm. Lloyd

Lectures
on
Midwifery
By
Andrew Thynne M.D.
Taken by Wm Lloyd
In winter course of 1794
~~and corrected in course of Summer~~
1755; ~~and [illegible]~~

Introduction

Folio 1

Midwifery should be considered in two points of view, in a limited and a more extensive one; the former being the manner in which it was studied by the antients, which related only to the delivery of the patient, the latter as now cultivated including with the former, the diseases incident to parturition and to children during the 1st month.

The practice of midwifery was originally confined to females at that time both sexes were ignorant of the theory and or account also of delivery and supposed experience they possessed as mothers made it be thought that they were gratified to practice the art, but they were obliged occasionally to call in men, and as such patients were generally obliged to be delivered by instruments, so midwifery became the province of Surgeons; - And the diseases incident to pregnant women required the aid of medicine which made Physicians also study it.

In the last century the French made great improvements in that science, their females were the 1st who subdued the prejudice of being attended by men and hence in consequence, the science became more generally studied, yet the French instituted their schools much later than the English for no public lectures were read in ~~France~~ France till the year 1740 when a law was passed prohibiting any person practicing midwifery who had not previously ~~attended~~ attended 3 Months at the Hotel Dieu.

The dutch followed the example of the french and public Lectures were read in Holland. Dr. Chamberlain was a celebrated Physician in the last century; but Lectures were not publickly read till 1730, when Chapman was a practitioner in the country came to town once a year to deliver Lectures; but his pupils were only Instructed in Midwifery as he had no machine; nor were his pupils allowed to attend real Labours, It's to Smellie we owe these two Improvements: after Smellie Dr. Young of Edinborough made some very considerable Improvements In this art. In 1754 the King of Prussia established a school at ~~Berlin~~ Berlin and enacted that no woman should practice midwifery without having been taught there; and King George 2nd established another on the same plan at Gottingberg.

The progress of midwifery may be divided into four areas, the 1st includes the practice of the antients; the 2nd is that which ambrose Pare turned the fates in all preternaturall cases; the 3rd the 1st the Public employment of the forceps and the fourth, the period In which the science began to be cultivated by Surgeons & Physicians.

Hippocrates thought that the diseases of Pregnancy were occasiond by Impediments to the ascension of the uterus: to relieve these complaints, perfumes were hung round

the neck of the patient; he divided labours into naturall and preternaturall; he thought the latter was owing to the child lying across, to remedy which he turned the woman Instead of the Child: Altho ambrose Pare prac^ised turning Children so early as 1564, his Books of midwifery was not publish'd till the middle of last century; he was the 1st who extracted the placenta per funis and who waited some little time before the extraction, after delivery for before his time the hand was allways Introduced into the womb as soon as the Child was expeld, and the placenta seperated by the fingers. In the reign of Lewis 14th Maurican publish'd on diseases Incident to pregnant women, but he did not know the use of the forceps; he followed the practice of Pare and was an enemy to the Cesarean Operation; he published observations on his own practice which are very valuable, but never have apeard in English. Chambers at this period went into France with the forceps as a secret, but it did not answer his purpose; as no one would purchase his secret; Davanter was the next who publish'd, he disapproved of the use of that Instrument he thought that laborious Labours were produced by the obliquely of Uterus, he also thought that the placenta adheard Invariously to the funders Uteri; La Motte then publish'd his — Observations In a similar manner

to those of Mauriceau, this is a very usefull Publication: about the year 1730 Chapman discoverd that the forceps was Chambers ~~discovery~~ great secret, he was succeeded by Gifford who extended the use of the forceps, he employed them 45 in 256 cases, he followed the practice of the antients In detaching the placenta from the fundus Uteri d.t. by the hand: about this time Sir Fielding Old in Dublin, explaind the passage of the child's head through the pel-vis, he thought that the childs head (the long axis) corresponded with the transverse diameter of the Brim of the Pelvis.

Leveret then published where he recommends the forceps In cases where the head of the child is seperated from the body: he published on polipi Uteri et Vaginae but this work is of little use. In 1758 Dr. Burton of York published his Book on Midwifry he gives the best description of the Pelvis, he advises to turn in all Breach presentations which was contradicted by the practice of Smellie: he tells us never to bring down the child by one foot, this was proved wrong by Gifford who delivered 47 out of 49 preternatural presentations In this way; He contrived a kind of crotch for pushing up the child In Shoulder presentations, but the hand In the form of a crotch do better, for the purpose ~~th~~. Smellie In his first Volume is too tedious on Laborious

labours, and advises the application of the forceps where they are not necessary or cannot be used, his 2nd Volume contains his own observations and his 3rd teaches more particularly the diseases of lying in women; Since Smellie Rudeborough publish'd in Latin, but this is nearly a sylabus of his Lectures; he does not treat of the diseases of women; upon the whole Smelliesworks are best adapted for the attention of pupills and Students.

Of the Pelvis.

The Pelvis so call'd from its similitude to a Bason is compos'd of four bones in the adult; viz 2 os Innominata, Scacrum and coccygis; In the fœtus it consists of 3, each Innominata being divided into 3 bones; the Ilium forming the superior & lateral portion, the Ischium forming the Inferior and lateral part, and the pelvis the anterior part; tho In the adult the 3 bones of each of Inominatum are compleatly ossified, yet for the sake of convenience In describing the passage of the head we presume to draw Immaginary divisions. Midwifes are unacquainted with the technicall terms they call the scacrum, the rump bone, the os Coccygis, the H bone, the Illium, the Haunch the Ischium, the setting bone. The Scacrum forms the posterior portion of the Pelvis In shape of an Irregular Pyramid with its base upwards, It consists of 4 or 5 bones connected by ossification

these are call'd false vertebra In opposition to the true which have Intermediate cartilages, It has 4 or 5 pair of holes on each side for the transcision of the sacral nerves, & the anterior surface of the sacrum is concave, the posterior convex and unequal, through its processes posteriorly It has a canall for the continuance of the spinall marrow, Its passage is lost about the 3rd bone of the Sacrum the is afterwards defended by a strong ligament covering it at the superior part the sacrum is connected to the last lumbar vertebra which forms the projection or the great angle of the sacrum: its apex is connected to the Os coccygis laterally Its connected to the two Illiac: by the sacro Illiac Symphisis.

The os coccygis is continued from the sacrum Its comprised of 3 or 4 bones diminishing in size as they approach the extremity, its connected to the sacrum by a moveable articulation, If It should become ossified delivery will be Impeded but considering the frequent motion of this part, It's not likely ossification should take place.

The Illium is divided Into its Basis surface edges and fossa, the Interior nal part is concave and has a ridge extending from the sacrum to the pubis called Linea Inominata, the superior aperture is call'd the Brim of the pelvis. It's externall surface is irregular & convex,

Its Basis is Irregular serving to assist In forming the acetabulum of the femor; and Ischiatic notch the vistare rounded and so bent as to represent the figure of an Italic S.

The Ischium is divided Into Its Body Tuberosity and ramus, its body assists in forming the acetabulum and has spinous processes to which one of the sacro sciatic ligament is attached: its tuberosity is the obtuse point on which one rests while sitting, and has the other sacro sciatic Ligament attached to It; its ramus ascends towards the other and meeting the ramus of the Pubis forms together with It the foramen Thyrideum & vel Magnum

The Os Pubis is divided into Its body angle and ramus, Its body helps to form the acetabulum its angle is where It bends down to form the Symphisis pubis, and Its ramus joins that of the Ischium, they form the arch of the pubis which is wider In females than In males; In females the distance between the two or anterior and superior spinous processes is one third greater than between the shoulders; In the males this reversed In males the knees approach each other In order to be In the line of gravity and as the head of the femor In women is further apart so the Inclination of the knee is more perceptible; the bones of Pelvis are

Hamilton mentions that the bones of Pelvis are incapable of separation, or of any considerable relaxation during the impulse of labour

Connected by cartilage and Ligaments, the sacro Iliac symphisis has two articular surfaces each coverd with a seperate cartilage; It has its capsular ligament surrounding it, but is not possesd of motion, as its firmly connected by the expansion of the sacro Iliac Ligaments and another short ligament going from the lumbar vertebra to the posterior edge of the criste of the Illium: there are two Ligaments uniting the Ischium to the Sacrum, called the sacro Iliac Ligament, one going from the spinous process the other from the tuberosity: The bones of the Pelvis are connected by a cartilage and strong ligament; hence the bones of the Pelvis are not capable of any motion with each other, but may by diseaces be seperated. The antients thought that the bones of the Pelvis seperated during labour. Jacobus Invented an Instrument called Speculum matricis which he Intended to seperate the bones of the Pelvis and to give an opportunity of serving the progress of labour; others with the view of relaxing the ligaments recommend fomentations, Ointments &c &c. Altho the bones do not commonly seperate in labours, they may be disunited in violent labours this most generally accompanied with mutch pain at thire connection, and the patient feels a kind of action ~~and~~ or crepitus,

Vide Hunter's description
of the articulation of the
Pubes London Med. Observ.
and Inquiries vol ij p 333

Of these cases there are two Instances one In the memoirs of the Royall acadamy at Paris; the other In Smellis 2nd Volume on midwifry. These bones may however be seperated without violence; Cows before they calf a little time, have thire scacro Illia ligament so relaxed that they walk lame; and In very delicate women who has had many children; this sometimes occurs. this is proved by a case of smollet published by smellie where a woman had relaxation of the ligament and disunion of the bone at the 8th month, and a case of a lady in town who had such a relaxation which occurd erlier at each succeeding pregnancy, these relaxations should be treated If the bones are much seperated by a belt made of soft Leather worn round the Pelvis. Inflamation sometimes affects the capsular ligament of the symphisis pubis, which sometimes terminates in suppuration, which is confined within the symphisis at other time the matter may pass along the bone ~~into~~ under the Peritoneum, and extends into the acetabulum and there produce Inflamation and Suppuration; when It goes to this extent It is Incurable; but when we find a patient complaining of a pain In this part and there are symptoms

of Inflamation; we should do all in our power to remove It; or If It goes on to suppuration a free opening should be made. Dr. Hunter says, that after delivery the ligaments of the Pelvis upon dissection are allways more lax, the pelvis is further divided into its superior and Inferior apertures and its excavasation: the sd superior aperture has been considerd as being triangular, by some oval, its divided Into its transverse or long and short diameter, the transverse or long diameter extends from one Illium to another; the short diameter from the progection of the Sacrum to the symphisis Pubis, the long diameter measures in the dead subject from 5 Inches to 5 1/2 the latter measures one Inch shorter; this is the division of the Pelvis which the English make; but the french makes two obligue or diagonal diameter extending from the sacro Iliac Symphysis on one side to the Body of the Pelvis on the other; this diameter in the living subject is the greatest wherein the Skeleton its nearly of the same length and in the living subject, the latter is mutch lessened by the Psoas and Iliac Muscle and the Iliac muscle passing over the brim of the Pelvis at that part; the inferior aperture has 2 diameters but both measures 4 & 1/2 Inches except where the Os coccygis is thrust backwards then there is an Inch more

11. In that diameter; so that the long diameter of the Inferior aperture is reverse of the long diameter of the superior one; the depth of the pelvis is more or less at different parts, at the sacrum It's 6 Inches and at the sides It's only 4 Inches deep, and at the symphisis pubis It is only 2 and not quite that; this should be observ'd in examination of women during labour for If the head of the child is retained above the brim of the pelvis Either by the ~~Imitation~~ vicitation ~~of the~~ in the pelvis or a very large head we shall not be able to feel It in the usuall direction with the finger directed towards the sacrum we must therefore In this case feel anteriorly behind the ~~Pelvis~~ Pubis, where It will be readily found. The cavity of the Pelvis contains inches cylindricall till It arises at the spinous process of the Os Ischii; where It converges obliquely forwards forming the Inferior aperture. The head of the child from this particular formation of the pelvis has much difficult in passing. It's makes a turn forward with the chin upon the breast by which his It's longitudinall diameter (which measures from 4 & ½ to 5 Inches and extends from the os frontis to the Occiput) correspond with the long diameter of the superior aperture

which as was mentiond before Is the diagonall aperture
Sir Fielding Old and Smelie were mutch deceived, In
supposing that It passed In the transverse direction thro'
the cavity of the Pelvis till It arrives to the convergency,
there It makes a semiturn (which is capable of to ⅙ of a
circle) by this means the long diameter of the head correspon do
with the large diameter of the pelvis (in the Inferior aperture)
and the occiput emerges under the arch of the Pubis.
The fatal head is compos'd of more number of bones than
the adult, the Os frontis being divided by a continuation
of the Sagitall suture, the sutures are mutch further
apart so that If the pelvis is vitiated or the head very large,
the pressure In time of Labour will make the bones
lap over one another, and thus the bulk is considera ble
diminish'd There are two points of the head besides the
sutures uncover'd by bone, these are the posterior & anterior
Fontanilles, the anterior is where the os frontis and Sagitall
sutures meet; the posterior is where the occiput meets
the Sagitall Suture; these by admitting the approach
of the Bones very mutch assist delivery

Vide vol v of Lond: Med: ~~Facts~~
and observ: and Inquiries a
case of Cesarean operation
by Dr. Cooper

Of the Presentation

By the presentation we mean that part of the child which corresponds with the pelvis: I mean the center; In an examination to discover whether the long diameter of the head corresponds with the long diameter of the pelvis, we should attend to the direction of the Sagittal suture; The knowledge of the different diameter of the Pelvis is necessary, In all operation of Midwifery, whether Instrumental or manuall; as they depend upon Mechanicall principles; hitherto we have only considerd well formed Pelvises and as all pelvises differ In some respect from each other; It will be right to consider them farr further

Of Vitiated Pelves

The pelvis may be deformed either by the Rickets or Mollities ossium, the former is owing to a want of deposition of ossified matter, the latter to too great absorption of it, the former Is Incident only to children, the later may happen to all ages; a vitiated pelvis of the superior aperture Is more Inconvenient, than one of the Inferior; as In the former case the application of Instruments Is more difficult; It's necessary to discover a vitiation of Pelvis; otherwise in a tedious laborious parturition a

See the method of examination
by the fingers and hand to
detect narrow pelvis as
directed by Dr. Wallace
Johnston, System of Midwifery

Practitioner may destroy the child.

The Os Sacrum may be vitiated by exostosis; It may be too straight or too much in the former case the cavity of the pelvis is diminished, and In the latter the convexity of the head is not adapted; but the most common vitiation happens from the great angle of Sacrum aproaching the symphisis pubis; owing to the great incumbent pressure this part sustains and the softness of the Bones In the diseases above mentioned. It is an Anchylosis of the coccyx may happen, If It should, labour will be Impeded but considering the motion of this bone every time the Faces is evacuated, It does not seem likely to happen; If a child is put upon his legs too soon, the basis of the os Ilii will be pressed inwards by the head of the femor and hence the acetabula will aproach each other too much; If the child is suffered to sit to much the tuberosity of the Ischium are bent towards each other by this means the Brim of the pelvis may be bent towards each other and the arch lessened; In a well formed pelvis the arch measures 9 Inches and a vitiated one sometime no more than one Inch; The Projection of the sacrum sometimes occasions a pendulous Belly in women

who have had many children, It seldom occurs In first children for the parieties of the abdomen have not been accostomed to much distention and are therefore capable of resisting. When the pubis is too procminent or too flat It is a pretty certain sigh that there is a vitiation in the short diameter of the superior aperture, and when the anterior and superior spinous process of the Illiac are too near each other It is a sigh that the long diameter is vitiated, when the superior aperture is vitiated a person not accostomed to It would on examination be led to suppose that the labour was not farr advanced, the head not having passed the brim and yet as soon as the head passes the Brim the patient will be delivered, the externall parts dilate during the effort nature makes to force the head through the brim, on the other hand a practitioner is liable to be deceived, where the Inferior aperture is vitiated; for the head being very low down, he will suppose delivery will be speedily effected and yet It will remain In that state a number of hours, for long continued pressure of the childs head on this part, mortification may be produced: as a proof of this Dr. Ionston an old practitioner and a man of

good abⁿ abilities was engaged to attend Lady Douglas in Scotland, the labour was very tedious, the pelvis being vitiated, he desired a consultation, the person sent to could not Immediately attend, and the Dr. from the danger In which the Lady lay, was forced to deliver without assistance, which he did by opening the head, the patient went on very well for 15 days when a slough from the Inferior part of the Urethra seperated and the urine ever after flow'd through the vagina. We may distinguish at mortification from pressure from a laceration of the Urethra by the time at which the urine begins to pass through the vagina, In laceration It takes place Immediatly whereas in mortification It does not happen till the slough seperates which may be 4, 5 or was the case with Lady Douglas even 15 days after delivery; we cannot form any accurate Idea of the Pelvis from the figure of the woman, for a woman may have a distorted spine or extremities and yet have a good pelvis and vice versa, but we may form a probable conjecture from the time the deformity occurred, If It happen'd In Infancy

5/16 She has probably a faulty pelvis and e: contrario,
If the deformity did not take place till after
Puber Puberty and is then confin'd to the lower limbs,
Its probable the pelvis is not affected;
A very capacious pelvis is Injurious by sometimes
occasioning obliquity; and others a prolapsus and
sometimes a retroversion of the Uterus ~~of the Uterus~~.
If a woman should have a prolapsus Uteri during
labour she should be confin'd to a Horizontal posture
and not suffer to bear down the pains; when these
parts are well form'd the short diameter of the super
aperture measures 4 3/4 Inches and that of the head 3 3/4
~~Therefore~~ If therefore (provided the head is not unusuall
large) the short diameter measures only 3 1/2 or 3 3/4 Inches the
woman may be delivered of a living child; but if it
measures only 3 Inches there are very few Instances of it.
This is the case In which forceps may be used; If it
measures only 2 3/4 the forceps should not be employ'd,
for by the pressure of the forceps necessary to diminish
~~the head~~ (the Bulk) of the head sufficient for its
Extraction, the child must incevidently be destroyed.
The best method therefore is to Spin the head with the
Scissors which is much easier to the practitioner,

And safer to the mother, for the head of the child is only capable of being diminished in its short diameter by pressure & lines or 3 inch: In France practitioners are prohibited by the law from opening the head of the child, so that they perform the cesarean operation if the short diameter of the superior aperture of the Pelvis measures only 3 inches; If it is only 2½ they perform it at an earlier period of Labour.

The English never perform the casarean section unless the diameter is under 2½ inches, nor even then till the patient becomes quite exhausted: therefore the reason is evident why it is not performed more frequently and with greater success in France than in England.

after the head is open if the superior aperture measures 2½ inches we should leave it in the Uterus a few hours before we endeavor to extract it, but if it measures only 2 inches it should be left 24 or 36 hours, that the ~~bones~~ bones may be something softened by putrefaction: when the sacrum is to much curved, it is a sign that the pelvis is vitiated posteriorly, at both its apertures, and in such cases we must all ways open the head.

With respect to the discovery of these circumstances If on examination we feel the projection of the sacrum with the finger, the Pelvis is vitiated at the superior aperture, If we feel the coccygis forwards, If the spinous process of the Ischium are too long or too close, If the tuberoles are too near each other, or If the arch of the pubis has not its usuall breadth, the superior aperture is deformed, but we cannot discover by the signs. the vitiation of the superior aperture: If the small of the back is too much hollowed the pubis flattened or the head retained above the ~~pelvis~~ Brim of the pelvis when the 1st stage is over of the labour; It is very probable the superior aperture is deformed. However the head may be retained by a Hydrocephalus, which may be known by the feel of the head which is round large and a fluctuation discoverable, another way of discovering the vitiation of the superior aperture is by the distance of the between the anterior and superior spinous process of the Ilia, which in a well formed pelvis is 5 Inches. If It measures only 4 Inches It's vitiated laterally, another method of discovering It is by measuring

the distance from the spinous process of the last lumbar vertebra to the mons veneris. It ought to be between 7 and 8 Inches allowing 3 Inches for the thickness of the bone which is nearly the same in all pelvis. the ~~Frenc~~ French are very expert at this, as it is the custom in France that deformid women undergo an externall mensuration of the Pelvis previous to their marriage, If the depth of the pelvis be altered it will be vitiated. If the Ilia are of equall the Pubis neither to prominent or to flat and the small of the back straight the pelvis in generall is well formed. for the mensuration the woman may be placed on her side or what is still a better posture on her hands and knees. The axis of the Pelvis is different to the axis of the body, this is a wise provision of nature to prevent miscarriage, as it takes off the effect of gravity. the axis of the Body, is perpendicular in a line to the Horizon, the axis of the superior aperture is in a line drawn from the umbilicus, to the last bone of the sacrum. In Quadrupeds as the fœtus is supported by the parietes of the abdomen, this peculiar structure of the pelvis is not necessary, the head of a human fœtus is larger in proportion than any other all anim

Dr Leach favours the
operation of ~~the~~ Dividing
the Symphysis pubis
very much and
condemns the cæsarean
operation

therefore it cannot pass but by its long diameter corresponding with the long diameter of the pelvis: in Brutes the head is so small as to be capable of pass in any direction. the soft parts in animals are more flaby than in the human subject; and therefore must easier dilated: and as the axis of the pelvis corresponds with the axis of trunk, the uterus has not so many difficults to out-due: it is therefore thinner and labour is effected with much less pain than in women; Brutes never require a Sistance, as in them distorted Pelvis seldom occurr; we do never hear of rickets or mollities ossium ever affect them, and even if that they were; as the pelvis supports very little weight it probably would not be vitiated.

(Section of the Symphisis Pubis)

this operation was invented by Monr. Singault.

It is probably an elargement of the Idea of the antients who endeavoured to distend the cavity of the pelvis by instruments. they invented which for the purpose but singualt was the 1st, who thought of dividing the Symphisis pubis: to gain this point, his Idea was laid before the royall acadamy at paris. who disapproved of it. this Idea lay dormant till Singault took his degree, when he soon had an opportunity

Hamilton recomends
that it should not be
performed in no cases
whatever

The world is mutch
indeptied to Dr. Osborns
for his accurate investigation
of this subject to which we
with pleasure refer and to which
we think it necessary to add any
remarks as his sentiments on that
occasion coincide with our own/ Hamilton

see osborn on Laborious parturition

Performing it with success, this operation made a great noise at the time and many people went to see the women's children, but upon examination it was found that nature alone would have effected the delivery, for the Pelvis, was but slightly vitiated; and the child but small. Bondejal was the most successfull opponent of Singault, he proves that the operation is not sufficient for the Enlargement of the cavity of the pelvis. Singault himself confesses he could not seperate the bones of the Pelvis more than one Inch and half, the operation was now performed on all the patients who died at the Hotel Dieu and they found that if the bones could be seperated to two and half Inches which was the greatest space that they could seperate, a considerable degree of violence must be used, and that the sacro Iliac symphisis were disunited and yet even by this the short diameter of the superior aperture of the pelvis was not widened more than two lines (1/6 of an Inch) Singault and monsier Le roi who was a friend of Singault, says these experiments are false ones for they say probably as the Pelvis is

vitiated will the enlargement be greater; and that in the living subject the scaro Illiac symphisis will not be seperated, the latter assertion in a very short time proved false but with respect to the former; It certainly is true, but yet the operation will not succeed for suppose, the short diameter of the pelvis to measuring 1½ or 2 Inches, the head in the short diameter measuring 3½ Inches Its clear It cannot pass the aperture. tho It should be increas'd 8 or 10 lines for the head cannot be lessen'd more than 6 lines without destroying the child; when the os pubis are seperated the hand is to be introduced and the child brought down by the feet; some few years since Sinfault performed the operation; 5 times out of which he lost 4 Children and one woman; It has been performed in Holland and In Germany: In the latter country, the very man who Introduced It became Its opponent. There are Instances of women who after having It performed, became again pregnant and were delivered without assistance: one of these occurred to Sinfault himself who attended a patient on whome he had before performed

The operation, he again proposed it but the woman refusing he left her abruptly and she was soon afterwards delivered by nature none but a female practitioner attending her; the objections to this operation are, that the Bladder and Urethra are liable to be wounded, that we do not gain space where it is required that there is danger in exposing the cavity of the Pelvis and lastly that it is ineffications.

(On the female organs of Generation)

The female organs of generation are divided into Internall and Externall, the externall are those which may be seen without dissection, the Internall are the Uterus, and it's appendages, authors have disputed which of these should be 1st, some afirtain we should begin with the ~~uterus~~ Uterus, as other parts are dependant on it: others judg that the external parts are less complex and therefore more easily understood, this mode we shall adopt; The externall organs are divided into mons veneris, Labia magna, Clitoris, labia minora vel Nymphæ, vel Labia interna, meatus Urinarius, fraenum, Labiorum, et Perinæum;

See Med: Facts & observ: Vol ~~2~~ ij Page 50
a case of an enlarg'd Nymphe

Vide Med: Facts and observations Vol ij Page 26
a case of a fungus enlargement of the Extremity
of the female Urethra ~~with the~~

24 In the naturall state the labia are close, but upon their being seperated, the Clitoris, Nymphæ, and Meatus urinarius, appear, the mons veneris is situated over the symphisis pubis, It's composed of common Integuments with fat underneath, at Puberty this part is covered by hairs, from the mons veneris are continued Labia magna, these bind the bifurc and terminate in the perinæum, forming the frenum labiorum, behind which is a depression called fossa Navicularis. The Clitoris arise by two crura from the tuberosity of either of the os Ischii these unite under the symphisis pubis and form the glans clitoris, the crura of the clitoris resemble in structure the corpora cavernosa penis, they are capable of Erection and are then distended with blood, the glans Clitoris is covered by a reflexion of the cutis called its præputium, this præputium extends over the superior and lateral parts of the glands, but not over the Inferior part from the præputium are continued the nymphæ, which are two folds of thin skin continued in the corse of the Labia magna.

The meatus Urinarius is the termination of the canall leading to the bladder, It's thicker,

Larger and shorter than in males, not being 1½ or 2 Inches in length. The vagina Is the canal leading from the os externum to the uterus, Its different according to the situation of the uterus, we are told by authors that its 5 or 6 Inches in length, It is composed of three tunics. Its internall is villous and has a number of chiefly situated at its superior and laterall parts these become straight in time of labour a number of ducts open into It, which pour forth a quantity of mucus for Its lubrication; Its middle coat is supposed to be muscular; Its externall one membranous.
The Hymen is a membrane which closes the os externum, Its semilunar having two cornua or projection extending on each side having a semilunar opening through which the menses pass. The perinæum Is that portion of Integuments having Its fibres across between the sphincter ani and anus.

Diseases of the external Organs and method of cure

The Labia magna or glans clitoris may be ulcerated from a venereall affection or from violence during labour; If the latter is the case It may be cured by

cleanlyness as by repeatedly washing the parts with warm milk and water; If its venereall recourse must be had to mercury, but in this case we should not acquaint the patients friends of the nature of the case, the external parts are subject to schirrous and fungous tow humors, these are generally suffered to proceed to a considerable length or bulk, before we are consulted, when we attempt a cure we should consider the cause; If it depends upon the constitution the habit at large is to be attended too, but let them arise from whatever cause they will If they are very painfull we should use emollient bath plas to allay Irritability; the humors may sometimes be removed by caustic, but If they are large their removal will be better effected by caustic the knife, which is the most expeditious method, and as there are naturally no large vessels, we shall not have any hemorage of consequence unless the tumor is very large, and then the vessels increase in size, the labia magna are sometimes oedomatous, If this occurs during pregnancy It is owing to the pressure of the gravid Uterus, but If the patient is not pregnant its anevarcous the mode of relief is by fomentations and scarifications,

which act power only as palliatives for If caused by the pressure of the uterus they will return several times and the same measure must be repeatedly employed they are so very Innocent that they may be had recourse to during labour If necessary If they arise from an anasarcous habit habit the disease must be first removed before the swelling of the labia can be radically cured, In warm climates the labia is apt to adheare but this is not a common occurance here, when It happens, It is owing to want of cleanlyness, during long continued putrid fevers, or small pox. In adults, these adhesions may be seperated with the knife and by some recommended even in children, but it is improper, as we may divide more than is necessary; and as the parts may be readily seperated by the fingers; After the parts are seperated we should insinuate between them a cloth dipped in the Aqua: Nitro Mineral: or Vitriol: Solution to prevent reunion, which would otherwise happen: the labia magna are subject to Itching during pregnancy all we can do to allivate this troublesome complaint is to use sedatives to take off the irritability. these parts are liable likewise to Inflamation and suppuration, we should allway endeavour suppuration to prevent: but If we cannot

succeed in doing this, some authors recommend if the pain is violent to make early opening but we think this improper as incisions in this part fistula are apt to form the better practice will be therefore to give opiates use cataplasms and leave the opening of the abscess to nature, The perineum is liable to be ~~ulcerated~~ lacerated in quick labours particu, with 1st Children and where its short: its usually about an Inch and ½ in length, but in time of labour ~~[illegible]~~ ~~[illegible]~~ its sometimes stretched to 6 Inches in length; If this laceration extends to the anus we call it entire, when not so farr its called partiall, the latter is not of so much consequence, this often induced by the use of warm cordialls by the patient forcing down her pain during the 1st stage of labour, by which means the child comes down before the external parts are dilated; and by its sudden expulsion the perineum is torn throug: It may in generall be prevented by a proper support; If therefore the membranes are broke and the Head seeming drawn before the externall parts are fully dilated and the pains are strong as soon as we

perceive a tumor forming in perinæo we should during every pain support the perineum with a cloth folded double in the left hand and by means of the right hand extended over the fundus uteri prevent the head from passing too suddenly out. If the perinæo is lacerated the woman complains soon of acute pain after delivery, but this will sometimes happen without a laceration here we should form our diagnosis from the continuance of the pain, particularly at the time of voiding the urine If it is a laceration the pain will continue for four or 5 days, and the patient will feel a great deal of pain every time she makes water; If it's not a laceration this symptom will be absent and the pain will go off in 5 or 6 hours. Our assistance may be required in respect to the Hymen in two ways, It may be rigid so as to prevent the consumation of marriage or it may be imperforated by which means menstruation will be prevented, this membrane is peculiar to the humane species. Dr. Donald monro mentions a case of a woman 15 years of age who could not menstruate till the Hymen was divided:

* Vide Edinburgh Med Commen Vol 5 Part 2 Sect 2 Case 10

The Fallopian Tubes have one extremity fixed to the fundus Uteri where the perforation is so small it will hardly admit of a hogs bristle but the diameter gradually enlarges becoming wider and wider like a trumpet till it terminates in a loose floating extremity called morsus diabolis.
Hamilton

Uteruses

Dr Hamilton says that the is generally no more than 3 Inches long

Mr. Cline relates a case of a girl at the age of ~~4~~ 19 not menstruating on account of an Imperforated Hymen. Dr. M. Cauley mentions a case in Smellies 2nd Volume, where he mistook a case of this kind for the protrusion of the membranes, the girl being in pain but upon a more attentive examination he discovered his mistake and by* perforating the Hymen 2 Quarts of Blood flowed out:

A calculus may be formed ~~be~~ in the female ~~the~~ Bladder, but on account of the width and shortness of the Urethra, it does not often happen

(Of the Uterus and Its Appendages)

The form of the uterus is that of a pear, with its anterior and posterior surfaces a little flattened, It is situated between the bladder and rectum, during ~~the~~ pregnancy Its surface becomes a little convex, and Its figure then is ovall; It is divided into Its body, fundus and cervix. The uterus is a compact surface its thicker at Its cervix that that at its fundus, Its breadth is about 3 Inches, at the fundus and one at the cervix: some authors assert that during pregnancy that the uterus

Becomes thinner as it is stretched, in the same manner as the Bladder when distended with urine; others say that it becomes thicker: but the truth is, that it remains nearly of the same thickness; tho its fibres are farther asunder this may be accounted for from the Increasing of the veins and Lymphatics the orifice of the veins being as large as a ~~large~~ quill: for this reason Blooding in the last months of pregnancy are more dangerous than in the early months, for the danger in the Hemorrhage is in proportion to the quantity of Blood lost in a given time: In the natural state the cavity of the uterus is usually small very Indeed and of a triangular shape from the fundus at each corner the fallopian tubes go off: the uterus has an Internall villous coat, like the vagina. Its cervicall portion has likewise a Ruge continued into it, these ruge are denominated pennifform and between the folds are a number of small glands which secreat the mucus the and which stops up the uterus during pregnancy. Its composed of blood vessels, Lymphatic Nerves and muscular fibres, tho the existance of the latter have been doubted the arteries of the uterus arise from

The Fallopian tubes are liable to disease. water is sometimes collected in them and either floats through the whole cavity of the tube or each end coalesces in consequence of some Inflamation and the waters appears to be contained in a cyst. It is difficult to distenguish from the diseased ovaria with ~~which~~ which it is often complicated and requires a similar method of treatment

Hamilton

the spermatic and Hypogastric the spermatic arise like those In the males; the hypogastric arise from the Internall Illiac and are divided into 3 branches, the 1st retaining the name of the Hypogastric go to the uterus, Bladder &c the 2nd is the Pudica Interna, It supplies the vagina; and the 3rd Sciatic passes out at the Sciatic notch: the veins preserve the same name and correspond with the arteries. the nerves come from the mesocolic plexus, and from some of the sacrall nerves, but the sympathy between the uterus and stomach, is not owing to these, but by branches from the Intercostall nerves. which send nerves to all parts of the viscera. The canals of the Fallopian tubes terminate In Fimbria their cavity is much smaller towards the uterus. the ovaria as well as the fallopian tubes are suspended by the ligamentum latum their situation is about one Inch behind, and little below the fallopian tubes, some authors say that they secrete a fluid similar to the male semen others say

that they contain a glairy fluid, but their real use and action is not well understood;
1 When women are Impregnated there appears in the ovarie little oblong glandular bodies call'd corpora Lutea, yeilding a fluid which by the Microscope appeared to have animalcule floating In It similar to those which Lewinhock discovered in the male semen. Hamilton says In this appearance the microscope discovers for that a similar appearance may be observed In all the fluids of the body. The Ligamenta rotundae go off from the uterus a little below the Ligamenta lata, covered by a duplicature of the peritoneum after passing through the abdominall rings, they are lost in the mons veneris hence It is that the Inguinall glands are often effected during pregnancy, & In diseases of the uterus,

(Diseases of the Internall organs and method of cure)

The vagina is sometimes very short and narrow, this will not be discovered till marriage the consumation of which is prevented, it is to be

Mr. La: Motte mentions
his having delivered 3 women
who had not the smallest vestige
of an orifice through the vagina
to the uterus

Dr Harvey in Lates a case
where the whole vagina was grown
together with cicatrices nature
after a tedious labour made the
dilatation and a large child
was born

remedied by sponge tents: for this purpose a piece of sponge is to be filled with water and compressed as close as possible, and dried in this form it is afterwards to be cut into proper pieces, these when introduced should be covered with fine linnen, otherwise sponge will incorporate into the villi of the vagina and disagreable circumstance will ensue from its adhesion: the linnen however should be cut sufficiently large to admit of the dilatation of the sponge the tents at 1st should at be very small gradually increasing the size of them: sometimes in these cases the efforts of the husband will excite inflamation, which will bring on a discharge similar in appearance to a gonorrhœa; we should be guarded in our prognostics in these cases. In every lingering labours or by the rude use of instruments the vagina may be inflamed, and slough: If this is partial, ~~partial~~ adhesion may take place, but sometimes allmost the whole internall surface may coalesce; If it should be near the os externum, it may be ~~blisered~~ relieved by the knife, but if its far back, it will be safer to use the sponge tents. Sometimes the vagina has ~~lor~~ longitudinall or transverse septa, the latter of which prevent

See Med Facts and Observations Vol 3 Page 171

A case of double Uterus

Conception: If they are near the os externum they may be divided by the knife, and if far back, sponge tents will generally succeed sometimes when there is a longitudinall septum, there is a double uterus; an Instance of which of a woman who was delivered at Stratborough who was delivered in April of a full grown child and in the septem following of another: this woman was afterwards dissected and a longitudinall sinus was found in the vagina and a double uterus and thus the superfoetation was accounted for.

(Of a Prolapsus and Procidentia Uteri)

A descent of the uterus has two names, according to the degree, when it is fallen down so low as to be insinuated between the labia magna, it is called Procidentia, if it is only in the vagina it is call'd prolapsus, uteri; nurses call these indiscriminately a bearing down of the womb. this disease may be mistaken for polypi or inversion of the womb: but if we carefully examine a prolapsus or procidentia we shall be able to feel the ostinea and this circumstance will distinguish the disease.

Of 7 cases of inverted Uterus (x from a rude extraction of the placenta) where I have been called within several years the consequence of ignorance or timerity of the practitioner in one single instance only the woman survived the shocking accident

Hamilton.

The causes of this disease are a relaxation of the ligaments of the uterus and also of the vagina, for a relaxation of the ligaments of the uterus alone could not produce it as that body could not pass into the vagina unless that canall was sufficiently relax to admit of it. this disease happen more frequently in large than small pelvises and in women who are accustomed to hard labour and stand in an erect posture, such as washer women. the complaint is aggravated by coughing sneezing and costiveness by a rude extraction of the placenta and therefore women affected with this disease these things should be guarded against as much as possible or they should be kept in a horizontal posture during, as well as a longer time than is usuall after delivery. not being suffered to take any pains standing. White of manchester has wrote a good Book on Midwifery & he suffers his patients to sit up the second day, in Bed ~~the~~ and gits them up much sooner than is usually done and has not experienced any Inconveniance from it. in the country this may be the case, but in London the women are so

much relaxed that it would not answer.
Women who have had many children or for a long time the fluor albus, are more subject to a prolapsus uteri, than those of a contra description.
This disease is greatly aggravated during the early months of Pregnancy, for the uterus then being within the cavity of the Pelvis, gravitates by its weight towards the os externum, but the effect in later month is different for about or rather before the 4th month the uterus emerging from the cavity of the Pelvis is supported by its brim and the effect of ~~gravity~~ gravity the remainder 4 months is prevented.
The 1st symptoms of this disease is an increase of fullness and weight of the parts, If the uterus is low down there may be a suppression of urine. our Indication of cure in this disease are two, first to reduce the uterus to its proper situation and second to retain it there If there should be any great degree of Inflamation in the parts, as there sometimes is from the friction of the patients linnen &c
It will be imprudent to attempt the reduction,
In this case we should first moderate the Inflamation; a slight one is not so much to be

regarded, as it will generally subside after the reduction of the particulars are not objection to the uterus being replaced they will heal better afterwards, tho, it will be proper to use emollient injections; some author recommend a different practice, but it is a bad one: the second indication of cure has been attempted by astringent injections, pessaries and sponge tents: astringent injections are allways proper after the uterus is reduced that the vagina may recover its tone, provided there is no inflamation nor ulceration, we recommend sponge tents to pessaries, as the latter are painful of introduction difficult of extraction & introduce suppression of urine and costiveness from their pressure upon the urethra and vagina and by their over stretching the vagina they prevent a radicall cure, & tho however in poor people who are obliged to stand meetest we are obliged to use them. Dr. Shynne showed a new invented instrument for the purpose of supporting the uterus, it is shaped like a heart and very easy of introduction one end of it by means of a wire is pastened to a

Belt worn round the waist the wire being so bent as to suffer its Introduction into the vagina, & the woman takes out and Introduces that pleasure. pessaries of various kind have been employed as some practitioners recommend globular ones other circular, others oval. a pessary ought to be made of light materials and such as will not expand by absorbing moisture, they should not prevent coition, nor press on the Urethra or rectum: a circular pessary if made of proper wood will answer all these requesites and is therefore preferable to all except the ~~new~~ new one abovementioned, the size of the pessary should be attended to, if to small it will be useless if too large the vagina will be too much distended and unnecessary pain produced; the diameter should correspond with the diameter of the tumor; the introduction of the pessary is very painfull and requires attention and persiverance, the circumferance of the pessary should be passed through the os externum perpendicularly with respect to the body, this should be done cautiously and by twining

Stoney concretions and
even worms it is said
have been found some=
=times within the uterus

42 It round so that the os externum may be gradually dilated, It then is to be turned transverselly so that the superior edge supports the os tinea, and Its inferior edge supported by the Perinium, by this means the pressure upon the urethra or Rectum is avoided;

(Of a Polypus of the Organs of Generation)

A Polipus of the uterus or vagina is not an unfrequent disease they are generally of a pyramidall figure, with thire Basis towards the os externum: and thire attachment is generally by a small pediele, tho sometimes they have a broad base with thire apex towards the os externum: they may arise from any part of the internal surface of the ~~os externum~~ uterus or vagina, but they are generally attached to the edges of the os uteri; If they arise from the Internal surface of the uterus, they are incurable. as they are out of reach of our assistance; polipi are of different texture some being spongy, and other more compact; If small they do not prevent conception or delivery, the symptoms they occasion are uterine irritation a sense of

pain in the vagina or Uterus the menses may not be suppressed, but are sometimes lessened in quantity; there will be Irregularities in the function of the Bladder and Intestines, these symptoms are succeeded by a discharge, which is at 1st mucous, but becomes afterwards sanguinous and serous, sometimes there is always a continuall draining of pure blood, by which and the great pain the patient suffers, they become very much exhausted, nurses and midwifes suppose the accident to come by labour, but it oftner happens to old maids then married women, the only disease this can be mistaken for a prolapsus et Inversio Uteri with regard to the former the os tinca being in that case felt will distinguish the disease, but we must be cautious to distinguish the latter as Dr. Hunter once employd a ligature in an inverted uterus which he mistook for a polypus, the case terminated fatally to distinguish it from an Inversion we should attend to the compact substance of the uterus which is different from the most

firm species of polypus to the extream fatality of the womb; if it is an inversion to the time of the commencement of the disease as an inversion can only happen upon after delivery, should any doubt remain it may be removed by introducing the finger per anum, for if it is an inversion a void space will ~~[illegible]~~ be perceived between the rectum and bladder. the only cure of this complaint is extirpation; for this purpose some authors recommend the knife but the ligature is certainly preferable the more distant the polipi from the os externum the more difficult to apply the ligature, Lavret has invented 3 instruments for this purpose, but the fingers are much preferable providing they will reach and in generall they will as the weight of the tumor bring the tumor down low; great care ought to be taken in fixing the ligature, that no part of the uterus or vagina are included; the ligature is to be tightened every day till the tumor falls off; which is usually in 4 or 6 days this operation is only to be attempted only where the tumore adheres to the os tinca by a

particle and that particle is distinctly felt, after the operation opiates and glysters will be necessary.

(Of the Fluor Albus)

The fluor albus, (by women called the whites or weakness) is a discharge of serous fluid from the genitals; some authors asert, it is wholly from the lacunall glands of the vagina, others that it arises from an affection of the menstruall arteries; It generally attacks women of relaxed habits, those who are irregular, or profuse in menstruation; those subject to miscarriage and those who have had lingering labours; It often comes on at the age of puberty, tho it may come on at an earlier period at the 30th year, this discharge is of different consistance and colour, as this disease has been taken for gonorhea sometimes the fluor albus is periodical but then it is not of much inconveniance and has been supposed to supply the place of the menstruall discharge: by a long continuance of this disease the constitution becomes affected occasioning pain and weakness in the small

of the back, pale countenance debility partiularly
affecting the stomach, in some the menses are obstructed
in others profuse the discharge is increased about
the menstruall period the urine is ~~ta~~ turbid and
slimy. this disease may be distinguished from
ulcers in the womb and vagina from the ulcers
being proceeded by the Inflamation suppuration,
and by the discharge from the ulcers being
smaller in quantity fatid and attended with
pain: ~~ta~~ We distinguish it from the veneriall
disease, by the latter being attened, with
Inflamation pain In making water, and some times
chancres this discharge is at first thin and virulent
gradually becomeing milder. In the fluor alb:
the discharge is thick from the ot, not becomeing
thin till the patient is much reduced. in the
gonorhea the discharge is from the neight hood
of the clitoris; in the fluor albus it is from the
vagina. A relaxed habit generally proceeds
this disease, hence its most frequent in
moist climates, as holland. this disease is
never fatal, but it sometimes in those that
are,

as Hydrops Dropsies; where the constitution is much affected the prognostic is unfavourable, in this case, we must endeavour to amend the constitution in general, but if the complaint is merely local, local applications may effect a cure. It will be proper in the 1st place to give ℞ of P. Rhei: ℥ss every second or third night; unless the patient is very weak, great benefit has been derived from Emetics. The Bath and Spa waters may be of service but particul of Bristol, our topicall appliation may be cold water or an Infusion of green tea for an Injection at 1st gradually using more astringent applications as Alumen, Vitriol &c: If the vagina should be ulcerated, an Injection may be used of the Mel rosar, with Tr. Myrrh; these should be used after in small quantities. Embrocations of Myrrh, mastic and olibanum may be used after the Injection. cold bathing is particularly serviceable in this disease; but the women are averse to it, in which partiall cold bathing should be employed; the most nutritious food is the most

Dr. Simpson cut through
a colosity of an os uteri which
was 1/2 an Inch thick

Edinburgh Med Essays Vol iij

Upon the whole tumors in the
vagina or about the orificum
Uteri may be safely extirpated
without danger of Hemorrhage
or other fatal Symtoms Hamilton

Guilemeau dilated and La Motte
extirpated callosities in the vagina
and os Tinea where the children were
Successfully expelled by the force of
natural Labour

Proper for the nourishment of women who have this complaint, but they should be very temperate the best drinks, are lime water, and port Wine, Bath, Bristol, and Spa waters, the driest air is the best.

/Of a Schirrus and cancer of the Uterus/

A schirrus is a hard tumor, gradually formed It is difficult, when it affects the uterus, to discover it in its early stage; It begins with symtoms of Uterine Irritation, pain and sense of the part falling down, particularly when the patient is erect, when the disease has proceeded so far as this, it may be discovered by applying the hand on the abdomen; when an hardness and an irregularity will be felt, but we should examine per vaginam, If the uterus is schirrous, the os tincæ will be disfigured, its edges thick, and painfull to the touch, If we should be still in doubt, we may easily satisfy ourselves, by the introduction of the finger per anum, when we shall exactly know the progress of disease this disease may be confounded with a mole or Dropsy of the uterus: in a mole the abdomen

so usually enlarged; in a schirrous its irregular, and the health is impaired; in a mole it is not so much; in a mole there is a suppression and irregularity of the menses, in a schirrous tho they are less copious than is natural, they are allway regular; In a mole the breasts enlarge and after continue a fluid like milk, in the schirrous the breasts diminish; In a dropsy the abdomen is equal and a fluctuation evident, there is very little hopes of a true schirrous terminating favourable, particularly where the generall health is much affected with hopes of radically curing the disease, we advise the use of Mercury; antim: vaporaciouos Medi Alkaline, salts, Italy heat, sea air and water; these medicines should be given in very small doses, otherwise by their stymilat effect, they will do much mischief, small and frequent Bleeding and laxative medicines, will be proper during their use, particularly if there is pain or fullness of the pulse; this method should not be followed in every case attended with pain,

deep seated; In these cases, we can only recommend palliatives small and repeated bleeding and gentle laxatives; we should be very cautious in giving the patient or her friends our opinion respecting this complaint; for If we say It is a cancer and will destroy the patient, It renders every body unhappy and possible the patient may remain in that state a considerable time before It terminates, or it may end in death; in a very short time. The food should be light and the drink a Decd. Liquor. in process of time ulceration takes place and there is a fœtid discharge and increased pain, which can only be relieved, by opium; this disease generally makes a most horrid devastation before the patient dies; practitioners have long sought a specific for this disease, arsnic has been tried, and Storck of Vienna thought he had discovered a specific in the cicuta, but this, as will as every other medicine in a very little time lost its good effect, and the disease in spite of all our efforts allways proves mortal. all heating things should be carefully avoided, and palliative methods adopted

(Of the Dropsy of the Uterus)

The uterus is subject to hydatids, these by some are thought to be occasioned by clotted blood, by others to portion of the placenta retained and by others are thought to be productions from the uterus. The disease commences with symptoms of Uterine Irritation; hence the disease has been taken for pregnancy particularly if the abdomen is swelled: at the expiration of 8 9 months the uterus makes an effort instinctively to expel its contents; this is attended with pain and is supposed to be in labour, and nature will sometimes relieve herself. we should be very cautious in assisting least we should injure the uterus; this disease is difficultly distinguished from pregnancy. the abdomen is more unequall and sometimes and obscure fluctuation is perceived: Sometimes a dropsy of the uterus occurs some authors think it is produced by causes, which produce ascites, others say that it is one large hydatid, for that the os tinea in is never so far closed as to prevent the escape of the water, In this disease as in hydatids, the action of the

Dr. Hamilton recommends tonics after the evacuation of the waters to do which he recommends the use of the trocar catheter or syringe by the os Uteri

Uterus takes place at the expiration of 5 months and expels the waters: this is a very unfrequent case, when it occurs we should attempt the cure by tonics. A Dropsy of the ovaries is not so unfrequent a disease, it usually attacks old maids about the cessation of the menses, If it is of the encysted kind, the water allways being collected in one or more cysts, there is in general an evident fluctuation, and the abdomen is irregular; this disease commences with pain in the lower part of the abdomen, and there is a small hard circumscribed tumor in the groin; the extremity of the affected side is not nourished or rather enlarged, the tumor continues to encrease till the abdomen is enormously large, sometimes in the early stage of the disease, the difference between it and ascites is evident, but in the latter stage, it is difficult to distinguish them, as the abdomen becomes more equal, but the quantity of Urine is not so much diminished, as in the ascites, the health in general not so much affected, the greatest inconviniance is the weight of the tumor, it is sometimes several all years collecting.

Fetuses or bones of fetuses are sometimes found in tubes or ovaria but they seldom make considerable progress and ought never to be cut upon and extracted unless when they point outwardly or form abscesses

= which are out of the reach of art

Vide Medi: Facts and observations Vol 1st Page 73 on account of extra Uterine conception

John Hamilton

In the begining of the disease, Opium and fomentations may be employed for the attendant pain, Diuretics and Cathartics so much full in ascites are here improper, they do not effect any good purpose, as the complaint seems to be out of the reach of circulation and they tend only to debilitate; the operation of the paracentesis is the only means of relief in this complaint; and it must be repeated as often as occasion requires, if the water is contained in more than one cyst we shall only gain a partiall relief, the friends of the patient should therefore be informed of the uncertainty of the operation; and we should be carefull to know that the woman is not with child, at the time. as great mischiefe might ensue: It is not necessary to perform the operation, till the size of the tumor requires it; for a cure will not be obtained Instances are on record of letting patients having this disease 50 years, hair and bones have been found in the discised ovarie, these were formerly thought to be extra uterine fœtuses, but now thought otherwise the ovarie, may be afflicted with cancer and scirrous, =

Of Touching

The touch is divided into internal, and external; by the latter is meant the application of the hand on the abdomen, the former, consists in introducing one or more fingers into the vagina; If a woman has symptoms of Uterine Irritation and about the fourth month from the commencement of the symptoms a circumscribed tumor is felt in the Hypogastric region, just above the brim of the pelvis, we may conclude the woman to be with child, we should not be too hasty in giving our opinion, as we are liable to be deceived by the fatness of the woman, If its from pregnancy the tumor is long and inclined to the right side of the abdomen, on account of the Sigmoid flexion of the abdomen colon; the tumor occasioned by fat is universally over the abdomen and the woman do not feel pain on its being pressed, which she does If it is a gravid uterus; about or rather before the 4th month the uterus emerges from the cavity of the pelvis, about the 5th the fundus uteri is half way between the pelvis and umbelicus, about the 6th it is as high as the umbelicus, about the 6 month it is half way between the umbelicus and semiform cartilage, at the 8th it corresponds with

It corresponds with it from the 3rd and during the 5th month it gradually subsides this is an Indication that the uterus is in a situation to act properly. Women give to the internall touch, the term of trying a pain and a practitioner would be thought undelicate was he to make a use of any other, It is employ'd in ascertaining pregnancy, the progress of labour and presentation and to discover the situation of the pelvis the 1st time when we examine a patient we should do it on her left side; afterwards if it is necessary she will submit to any position the practitioner may think proper; The Index is the most proper finger we can examine with; as we can introduce it farther than any other, we should accustom ourselves to the use of either Index; as sometimes one will answer better than the other, some authors recommend the Introduction of two fingers; but sometimes even one will give considerable pain. pregnancy cannot be well ascertained till the uterus emerges after from the pelvis; for till that time the neck of the uterus undergoes

1. 4
3
17
1
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1. 3. 7.

Vide Med: Facts and observations Vol 1st Page 103 remark on Menstruation by Dr Denman

At the same time the semen begins to form itself in the male
Hamilton

no changing: therefore if we are consulted early whether a woman, is or is not pregnant, we should by some excuse or other defer giving our opinion; for if wrong our character will be materially injured. defer it as long as we can: an external ~~affliction~~ examination will be of great service to us, as sometimes we can feel the motion of the child. some say we can discover pregnancy before the uterus even emerges from the pelvis. by its increasing weight, and thickness of the os tincae, but the opinion is erroneous as these ~~sign~~ signs may be caused by scirrous.

Of Menstruation

When a healthy female arrives at the age of puberty she has a discharge of Blood from the vagina, it is periodical returning at intervals of about 28 days, this discharge is termed menses or catamania. In this country it usually commences at the age of 14 or 15, and ~~[illegible]~~ continues from that time to the 45th or 46th year, before it ceases this discharge does not take place while the women is pregnant

or in generall whilst she gives suck; tho Instances have occurred to the contrary; there may sometimes be a trifling discharge of Blood during pregnancy from the vagina but the menses never appear during that period and that all discharges of blood at them this time are morbid; the menstrual discharge proceeds from the vessels of the uterus all ways; this was clearly seen in a patient of Dr. Hunters, who had a prolapsus uteri; no woman can conceive till after the menses have appeard, they therefore shew when the woman is fit for generating her species; this discharge varies in its commencement and cessation in different climates In very hot climates, it comes on about the 5 or 10 year and ceases about the 20th when the women are considered as old; very probably as ~~was~~ as women in cuest climates are treated like Slaves, for their capable of procreation at a time when their understanding is not arrived at its ~~by~~ and they are not considerd as rationell beings, In very cold climates the menses do not appear till the 20th year and then only in the ~~warm~~ summer months.

Menstruation generally comes on with pain in the back and genitals, head ache, nettle fever, It continues for 2 or 3 days and does not for 1st time return regular periods; yet in some women It is regular in It's return from the 1st and so is not attended with any pain or Inconveniance when It is established and the woman in health It generally returns to the day, may sometimes to the hours; In weakly constitutions the discharge continues for 5 or ten days. The quantity of the menstruall discharge has been estimated from ℥ij to ℥iij in different climates but it is Impossible to estimate with accuracy, It's generaly supposed to be in this climate from ℥iv to ℥ij. It was formerly supposed that this discharge was of a malignant quality It was therefore allways buried and the women did not go into company during the time of menstruation; but this prejudice I now laid aside. In proportion as the menses appear earlier or later in life in proportion will they disappear; In England they generally

ceased from the 45th to the 50th and they observe
the same irregularity at their onset; both in resp
to the Intervals and the quality of the discharge,
sometimes the intervals are for 8 weeks and the
discharge excessive; various opinions have been
formed respecting the cause of the menstruation,
some have attributed it to the Influence of the
moon, others to general, and to special Plethory,
and others to fermentation; some authors suppose
it proceeds from arteries, and others from veins,
and others again from sinuses in the uterus;
If the moon had any Influence at all over the
discharge all women would menstruate at
the same time, and its probably that every
female of every animal would have a discharge
similar to menstrual: It is very well known
that neither of these circumstance takes place
for there are some women menstruate
as every day, and no animal except
woman and those of the monkey kind have
any discharge of the kind. The Idea of fermentation
is now laid aside as ridiculous

~~Great~~ great pains was taken to support the doctrine of menstruation being occasioned by plethory. It was alledgd that from the ~~[illegible]~~ indolence and weakness of the sex, they were more disposed to plethory and that this cause wd produce regular menstruation to relieve that plethory, but this is not the case; for strong & laborious women, menstruate more regular as the discharge is of a better quality than in those of a contrary habit: for in them the the discharge is in greater abundance it is impoverisht, having fewer of the red particles.

As true thought that the menses flowed from sinuses in the uterus; which he thought were gradually fillid by dispositions of blood during the month, but no such sinuses are to be found in an unpregnated uterus; this idea of his arose from his drawing conclusions from the apearance of the gravid uterus, in which the veins are as ~~large~~ large as the little finger and these, he mistook for sinuses some apart that this discharge is nothing,

different from common Blood, and others aver that it is a discharge Sui Veneris but whether it is or it not: it is certain it will not coagulate when in a state of rest, as common Blood will; the most generall opinion at present is that this discharge is from topicall plethory, this opinion was first broached by Dr. Cullen, he thinks that the growth of the body is affected by the fluids being propell'd against the vessels and distending them and as the vessels increase in density they increase in size and as the uterus is later evolved than all other parts of the body, the blood about the age of puberty meets with greater resistance in every part of the body than the uterus, consequently it is determined to that organ and an hemorrage takes place, Cullen attributes the effect periodicall return of the menses to effect of habit but if this was the case, they would not be inclined to cease at the time they do, the constitution having been habituated to this discharge so many years, it must be a power inherited to the uterus, which we are not able to discover

The intention of this discharge is have been thought, to render the uterus fit for conception and to afford nourishment to the fetus, we know that women who don not menstruate regularly are not in a state for conception; but this Idea of the menstrual Blood affording nourishment to the ~~fetus~~ fetus is not so well founded, for If this was the case It would not seem probably that those animals who do not menstruate could not nourish their fetus proper, and also If that opinion was just the menses would not totally disapear as soon as conception had taken place, but would diminish gradually as the fetus would increase in size. It is observable in animals who have not menses, that they are capable of procreation only at certain periods and at such times they have allways a secretion of mucus from the genitals, as women Imagine that they suffer more than males at the commencement and cessation of menstruation, but this idea is

In some degree erroneous as these periods are
Climatteric even males; some persons assert instances
of males menstruating, but this mistake must
~~arise~~ arise from males having discharges from
the genitals, which have become periodicall in
consequence of habit, and are effects of disease
and not of habit as the menses are; If this
discharge is suppressed there is disease in the
constitution; the symptoms of Chlorosis or obstructed
menstruation are pain in the back, loins, and
head; restlessness and nothing will alliviate
this disease, till the uterus has attained its
growth, however it may be alleviated by increasing
the momentum, of the blood, and for this purpose
exercise is the most expedient, particularly
riding on ~~horse~~ horseback, but the timidity in
this disease will often prevent it being
practised, the most solid and nutrive food
is the most proper for patients in this disease
and as for cordials are proper we should recommend
red wine before Spirits as the patients are apt

to indulge to an excess any drink which is advised them; Women are more ~~delicate~~ delicate and Irritable during menstruation than at any other time therefore they require food which is easy of digestion, at this period, but they are averse to fish and milk but these prejudices should not be complated; Obstructed menses, may be divided into two species which require a very different method of cure, in pale women of a Leucophlegmatic habit we should cleans the primæ viæ and administer tonics, as the diseases, in such arise from debility, Chalybiates are very powerfull remedies in these cases, as is cold and sea bathing, by these means the health will be ammended before the menses begin to flow, and here calomel have been very successfully given, Electricity likewise has been of service at this time. If the patient has a florid complexion and hectic habit, there will be a quick pulse, cough and other febrile symtoms: here we should employ bleeding and cooling medicines, spare diet &c, the S. Belat: Nigr: may here be serviceable but probably any other laxative may

= mended.

answer as well, should the obstruction be caused by an acute disease, that disease is to be attended to, and the obstruction will be removed when that disease is cured; sometimes the menses discharge in too great abundance or return oftner than the usuall period this to be removed by an attention to every thing that tends to restore the strength both of the body and mind; but if it should be attended by a febrile diathesis we should employ a mild antiphlogistic plan till that is relieved and then strengthen the habit; painfull menstruation may be relieved by bleeding and gentle laxatives, the pediluvium opium and sitting over warm: other women thinks that at the final cessation of the menses they are liable to disease they therefore at these periods use frequent aloetic medicines, but these are improper, as the disease should never be forced at this time; we should use small bleeding light diet, moderate exercise, and the body should be kept open; tonics may be occasionally employed; cancers of the uterus always proceed very rapidly after the final cessation of the

Vide Hunter's plates of the
Gravid Uterus

/Of the contents of the Gravid Uterus/

The fœtus during the 1st days of pregnancy is termed embryo which name it retains, till the form of the animal is delineated; the ovum when it passes the fallopian tubes, is so small as not to be visible to the naked eye; about the 7 or 8 day we can distinguish two small vesicles the largest is to form the head, the smallest the trunk of the fœtus, about the 12 day, four very small protuberance may be discovered upon the small vesicles, which are the rudiments of the extremities the upper of which are larger and are developed sooner than the lower ones; the face begins then to be delineated by very small spots making the eyes, nose, ears and mouth; but the face is not compleatly delineated before the 15 day. the funis begins now to be formed it appears like a very fine thread but the placenta cannot be accurately discovered before the 18th day. the placenta is at this time coarse loose as the red particles of the blood do not pass through, it. the Embryo then takes the name of fœtus

A fœtus of 4 weeks is
about the size of a common
fly at 6 that of a bee
at 12 weeks it is nearly
3 Inches and its formation
very distinct* / Hamilton

* Vide Dr. Hunters Plates
of the gravid Uterus

at the expiration of the 9th month, the former being all that time delineated and its length about one Inch, at the end of six weeks the form is more compleate, at this time the K head bears a larger portion to the rest of the Body, than at any other period of pregnancy at the end of the 2nd month the fœtus measures 2 Inches and 7ths at end of 3 months 3 7ths the 4th and 5th it is usually about 5 Inches and at the time of Birth 20 or 22 Inches but its length and weight varies very considerably. The fœtus in Utero in order to correspond with the womb is doubled into an ovall form, its chin is ~~pressed~~ pressed down upon its breast, its knees drawn up towards the chin, and the heels, apply to the buttocks and its arms are clasped round the knees; it was formerly thought that the head &c of the fœtus in Utero, was applied to the fundus uteri, untill just before the attack of labour, when the fœtus turned with the head towards the os tinca, but this idea is erroneous for the head is towards the os Uteri the whole time of pregnancy: the fœtus differs from the adult in many particulars;

The head is larger to the size of the body
the head of the adult is firmly united by sutures,
consequently its Bulk cannot be diminished
by pressure, but the sutures in the fetall head
are so farr asunder as to permit its being
lessen'd to a great degree even sometimes as far
without destroying the child. In the Brute
creation their youngs are generally borne blind,
In the humane species, it is not so, but vision
is imperfect in a new borne babe, this is most
probably owing to the great degree of the dilatation
of the Pupil at this time for during ~~for during~~
the time the child is in utero, the child not
having exposed to light, the Iris has not received
that stimulans from light, which afterwards
causes it to contract and which it cannot do
probably till it has been sometimes accostom'd
to it, vision is the 1st sense which is perfect, and
then hearing and other sensos. In the fetal Eye
there is a membrane called the pillaris, extending
from the extreamity of the Iris filling up the
Pupil, this was 1st observed by Haller and

See Med: Facts observati: Vol: 5 Page 92
An account of a child born without organs
of generation

since noticed by Dr. Hunter they both thought they Injected It: by some anatomist it has been supposed to prevent the rays of light affecting the child when it is born; but this can never be the case as It is never found in a fœtus, more than 7 months old, Its use therefore is unknown. the thorax in the fœtus is narrow and flatter than In the adult, the lungs of a fœtus in utero, are specifically heavier than water; but after Birth when once they have been expanded with air, are specifically lighter; hence arose the Idea of putting a piece of the Lungs of a child supposed to be murdered in a pail of water, but this experiment is fallacious and never ought to be admitted in a court of Judicature, for In a tame putrefaction may in some degree have taken place and there the air which is seperated will render the lungs. the child may have breathed once or twice and then expire naturally, besides maternall feeling is so natural that we should say Judge on the favorable side

The fœtus have an oval hole open between the two auricles of the heart called foramen ovale and a large communicating canal called canalis arteriosa passing between the pulmonary artery and aorta which two passages allowing the rest of this circulating fluid that returns by the cava superior to be transmitted to the aorta without passing through the lungs

It has a gland situated in the fore part of the chest between the lamina of the mediastin called the thymus / Hamilton

The women has already shown herself influenced by her amorous passion and why should we doubt her maternal feeling, It is certainly equally great.

The fetal heart differs from the adults by the communication of the two auricle by means of the foramen ovale: in the fetus the internall Iliac arteries are larger than the externall in consequence of the two umbelicall arteries, which arise from the latter and this is the reason why the nor superior extremities increase faster than the lower one before birth, but after birth the umbelicall artery dry up, the externall Iliacs receive a greater quantity of Blood, are larger ~~than~~ than the Internall, and then the lower extremities increase faster than the superior: the testes of the fetus are within the abdomen lying upon the psoas muscle just under the kidneys confined by a duplication of the

Peritoneum, they have been supposed to be placed there as being more secure, than in the scrotum least they should receive Injury during labour; but this is not the case, as they generally descend into the scrotum about the 7th month of pregnancy. A Child may be born with a hernia owing to the tunica vaginalis not closing properly round the spermatic chord. The urinary Bladder in fatuses, is oblong, in adults it is pyramid=all, at its top, In the fatus is a membrane called the urachus, this in a calf is a canall leading to a membrane called Allantois. Rudder imagined he Injected this in the human subject and some have thought it to be suspensory ligament to the Bladder; The funis Umbelicalis, passes from the navel of the child to the placenta, it consist, in the human subject of 2 arteries and one vein, but in Brutes there are two arteries and two veins, these vessels are connected together by celular membrane the Interspaces of which are filled with a

gelatinous substance of matter, which serves to take off the effect if any accidental pressure which would otherwise intercept the circulation. a portion of the amnios, is reflected over the funis, giving it an external coat: the blood is conveyed to the child from the placenta by the Umbelical vein and from the child to the placenta by the umbelical arteries: the funis is very variable in its length, being sometimes not more than 9 or 10 Inches at others 30 or 4 feet it varies likewise in thickness, this depends upon the greater or less quantity of gelatinous matter, but in general the thickness of the funis and size of the placenta, is adapted to the size of child; there are very often little protuberances on the funis and the women imagine that the mother's to have many children, as there is knobs. the Embryo in the 1st Instance adheres to the placenta, from which the funis is gradually elongated. If the arteries of the funis ramify much

Dr. Hamilton mentions
7 cases of inverted Uterus
from the rude extraction
of the placenta out of which
only one died well

Before they enter the placenta is very tender and in such cases should be carefully extracted.

The placenta is a circular cake measuring about 6 Inches across, It is about one Inch in thickness at the funis becomeing gradually thinner; towards the edges; this cake is the medium of communication between the mother and child, in allmost every species of animal there is some difference in respect to the placenta, In some multi-parous animals there are as many placentas as fatuses, and in others as In the sow there is only one placenta notwithstanding the number of her young. the placenta may adhere to every part of the uterus but it very seldom adheres to the same ~~the pre they pregnancies~~ spot in succeeding pregnancies, It is composed of arteries, veins and celular substance, the most celular part of the placenta is next the uterus, It is termed the maternal

Thus there are three
circulations belonging to
the fœtus viz one between
the uterus and placenta
by absorption one between
the fœtus & placenta by a
continuation of vessels
through the cord and one
within the fœtus itself

Portion: while that side next the Fetus which is most vascular is called the fetal portion; there is no communication of vessels between these two portions, for Injections will not pass from one to the other, It's therefore supposed that the maternal blood is effused into the celular portion, and that the veins which open into it, In this Instance perform the office of the absorbents, and convey the blood to the child: this has been supposed to be a wise provision of nature, to prevent the constitutionall disease of the mother being communicated to the child, others suppose that the blood effused in the cells of the placenta underwent some changes which was necessary, previous to its entering the body of the fetus. In the human subject, the number of placenta generally correspond with the number of fetus, tho the placenta adhere together when there are twins they are Inclosed in seperate membranes and waters, & there are two funicles so that the disease of one child is not

The true waters is contained within
~~the false~~ amnion
waters are some times collected
between the chorion and amnion
these are called false waters
and without detriment
to the woman may flow
at any time of pregnancy

Necessarily conveyed to the other, for the placenta to they adhere yet it is there that they do not communicate, as one cannot be injected from the vessels of the others, the membranes arise from the edges of the placenta, they are in general very delicate but they never rupture till labour commences because during pregnancy, the os tinea being completly closed, the Uterus in every part affords them firm support, but when the os Uteri, dilates in labour the support is taken away at that part, and the waters being pressed down by the contraction of the Uterus, the membranes are burstd at that part; Dr. Hunter diffines 4 membranes the amnios, the chorion, the spongy chorion or Tunica dicidua Uterina yet tunica dicidua reflexa; the amnios is that tunicux next the fatus, and the rest are in the above order, the true chorion is the smothest tunica tho not the most transparent, the fluid contained within these tunicas is called Liquor amnii or waters, this is different in colour and consistance, being sometimes milky and at others yellow,

It is greater in quantity during the early months, and when the fœtus is dead, it ceases. It affords an asylum for the child and dilates the soft parts in labour

(Of the signs and Diseases of Pregnancy)

Conception is ascertained by various effects, which during the early months has been called the signs and during the latter months the diseases of pregnancy and Quickening is the line of distinction between them. A part may have the property of receiving a degree of Irritation without inconvenience to the patient, when this actuating cause is increased the part is then said to be Irritable as in consequence of this increased action, it becomes excited by a less stimulans than before; this stimulans is called Irritation and is divided into two species simple or direct and Irritation by sympathy or consent: the 1st implies when the stimulus is applied immediately to the part so Irritated, and the second is when a part distant from the primarily affected, by means of a connection by nerves with it. The diseases of the early months

of pregnancy are caused by uterine Irritation, while those of the latter are caus'd by ~~the~~ ~~the~~ ~~pressure~~ ~~Irritation~~ pressure of the gravid Uterus: these persons who are much troubled with diseases of the early months are generally relieved after quickening and are seldom affected again till the 8th month, but those who suffer Inconvenience dual during the early ~~more~~ ~~more~~ months are generally till the whole of the period after quickening. women affected with the disease of early month ~~of~~ are ~~for~~ generally better off, (providing they are not very violent,) than those who suffer no inconveniance they do not so often miscarry. the signs which usually succeed conception are nausea; aversion to food the patient was formerly fond of, lassitude and symptoms of generall increas'd Irritability there are ~~sou~~ shooting pains and an enlargement of the breast, this is one of the 1st symptoms sometimes occuring before the cessation of the menses, which is the 1st sign the woman herself judges by, then the

around the basis of the Nipples become of a darker colour, this depends on the enlargement of the Breasts; nausea an vomiting if not before, now come on, the countenance now altered, the Eyes become more opposite and the mind becomes sincerely affected; at this period the menses ceases to flow; some assert that women may menstruate during the pregnancy, this is a mistake for the menstrual discharge comes from the arteries of the uterus and the ovum during pregnancy adheres to the uterus and blocks up those vessels if therefore a woman did menstruate during pregnancy, the ovum must be detached every month and again adhere; it is most probable that those who assert this opinion, must have been deceived by a discharge of Blood from the vagina and not the true menstrual discharge from the Uterus; But the women during the 1st months of pregnancy become thinner they take less nourishment and consequently form less chyle; there is more Inclination than usual in consequence of the pressure of the uterus on the Bladder; we should know the progress of the

of the symptoms of pregnancy as we have occasion women who want to deceive us, as ~~more~~ criminals who are under sentence of death and women who are kept by old men who want to deceive them for a lucrative purpose, they know the signs of pregnancy as well as we do, but are not so well acquainted with the order; the habit may generall be affected by uterine irritation tho not that part may be particularly affected and the uterus may be brought into action and of absorption produced by the affections of parts sympathizing with the uterus as obstinate costiveness affections of the stomach &c &c.
When the the uterus has increas'd in size as much ~~as~~ that as the cavity of the pelvis will allow, it emerges from the pelvis and is supported by its brim about this period the woman quickens which is usually from the 14th to the 18th week this circumstance sometimes comes on suddenly and sometimes a small discharge of blood and frequent from the 8th the woman has hysteric symptoms.

some authors say that the menstrual discharge being retained causes all the symptoms of diseases of early month, of pregnancy but that about the quickening the fetus consumes all the discharge and the symptoms disappear; but the cessation of the menses at the time of quickening is better accounted for ~~at the time of quickening~~ upon Mechanical principles for the uterus during its enlargement in the early months is confined to the cavity of the pelvis and is pressed upon by the surrounding parts and its weight is not well supported the uterine Irritation is consequently increased, but at the time it emerges from the pelvis it is free from any kind of pressure and its weight is supported by the brim of the pelvis, hence a great cause of the Irritation ~~it~~ is at this time removed and the patient remains well till about the 4th month. when the uterus has acquired so considerable a size as to press on the stomach and produce nausea and vomiting and by its pressure on the

Iliac veins the lower extremities become oedematous and sometimes the ~~th~~ thighs are numed from the pressure on the nerves and sometimes even the arteries are compressed hence a greater determination of blood to the head and superior parts which has by some been thought ~~by~~ to be a cause of convulsions.

Pregnant women have usually a febrile diathesis; as blood drawn at the period is observed to have a Buff upon it something similar to the true Inflamatory crust this gave rise to the bleeding of pregnant women which is to generally adopted; It may be employed in the country to advantage in robust women, but it seldom does any good in a large town or delicate debilitated women. The diet proper for pregnant women depends upon their former habits of living, In generall they seek for vegetables ~~[illegible]~~ of cooling aperient nature and these are proper for such patients nervous women who ~~have~~ been are liable to Miscariage have been confined to a horizontal

Posture during the greater part of pregnancy without any good effect, It is a custom in London to prevail on women to keep in an indolent state during the early months, and to use considerable exercise during the latter months, this is highly improper for much exercise should be taken during the early months only. the sickness most incident to pregnancy is troublesome in the morning when the woman first begins to move, It is compared to be very like in sensation to sea sickness It seems in general to be of service, so that if it is not very violent no attempt should be made to restrain it, if its exceeding violent, we should administer laxatives, then we may give a saline Draught, in a state of effervescence, Ether and Spirum are recommended but nothing will have so good an effect as the horizontal position, columbo root after the sickness abates has very good effect in restoring the tone of the stomach, and will be found most useful medicine,

The nausea which sometimes is some trouble may be relieved by gentle emetics. the heartburn may be occasioned by sympathy or acidity in the stomach, the former may be relieved by the Saline Draughts, the latter by alkalis and absorbents: magnesia is a very usefull medicine in this case. Pregnant woemen are sometimes troubled with costiveness, this is very injurious and should be guarded against by gentle laxatives, as Ol: Ricini; by long continued costiveness the faeces become indurated and this exists nothing will tend the expulsion of liquid stools: purgative clysters are no good nor are clysters allways of service, if they do not: all we can do, is to introduce the finger into the vagina, and endeavor to break down the column of hardend faeces in the rectum: Pregnant woemen are liable to Hemorhoides arising entirely from the pressure of the uterus and not from any thing in habit as the woemen suppose; Emollient laxatives will be proper. and if the Hemorhoids are very painfull

Leechis may be applied to the part, or they may be pricked with a lancet aqua vejito mineralis is of service in general, as an application; greasy ointments do no good. Some woemen are liable to Blotches in the face during pregnancy these are not dangerous and not require attention, they go off spontanioulyy after delivery; Pregnant woemen are very lyable to be troubled with affections of the bowells, and these arise from an Inert rather than from an Irritabl State of them, If the former is the case and the patients plethoric, bleeding will be proper, and If the stomach is loaded an Emetic will be proper after which we should give mild laxatives: If the bowells are Irritable and fabril diathesis bleeding will be proper, after which we may give Rhubarb and small doses of Ipecacuan: cum opii, starch and mutton broth Glysters are proper, If there is a tenesmus. Pregnant woemen are liable to strangury and suprefsion of urine, If this is in the early month It may be caused

By uterine Irritation from consent of parts
If it is not removed, It may occasion a retroversion
of the Uterus, from the over distention of the bladder.
If it occurs in the latter months It is owing to the
pressure on the neck of the bladder; Incontinence
of Urine is occasioned sometimes in the latter
months, by the large Uterus pressing on the fundus
of the bladder, this circumstance is an indication
that the head of the child presents, women
are often very restless in the night during the
latter months; nothing relieve them so much
as cold air and water, this chiefly occurs
to weakly women, very great fear comes on
women towards the latter end of pregnancy,
that they shall not survive parturition,
accompanied with very uneasy sensations
and generally febrile symptoms vertigo,
Hemiphlegia &c. If the habit is plethoric we
must endeavor to give relief by bleeding and the
antiphlogistic plan should be pursued.
women may be affected with the venereall
disease during pregnancy and we are

Advised by authors never to attempt curing after the 5 month. but only to endeavour to mitigate the symptoms till after delivery; If a woman should have a gonorhea only, we ~~w~~ may attempt to cure it in every period of pregnancy, as early as possible; even at all periods tho the woman should have a confirmed lues, we may attempt the cure by the exibition of mercury, provided we do not raise a salivation. There has been ~~much~~ much dispute ~~&c~~ whether the lues venerea ~~as~~ can be communicated from the Mother to the child in utero. Dr. Thynne never saw a child born with the marks of lues, but he has seen children born with the small pox and If one disease may be communicated, why not the other.

(Of a Retroversion of the Uterus)

A retroversion of the uterus is where the fundus uteri, is thrown backward, between the vagina and rectum and os tinca, instead of being in a line with the axis of the Inferior aperture of the pelvis is under the symphisis pubis, this disease commonly happens during the 3rd and 4th month of

Vide Dr. Hunters plates
of the gravid Uterus P.
His Lond Med: Observ:
and Enquiries

The cure would
be attempted by Bleeding
warm bath fomentations &c
previous to the ~~reduction~~
reduction of the parts
to allay the Inflammation
Hamilton

Vide Med: Facts and
Observations Vol 5 page 96
a case of a catheter left in
the bladder in drawing off
the urine

I.
89

Pregnancy; It is caused from an over distention of the bladder from a suppression of Urine, this disease is more frequent in England than in France this is to be attributed to the too great delicacy of the English females, who retain their urine too long a time, the symptoms of this disease, are a suppression of urine, costiveness and violent pain when these symptoms take place, in the 3rd or 4th we are authorised to request an examination, If this be the disease we feel the fundus and posterior part of the uterus, through the posterior part of the vagina, between that canall and the rectum we shall find the os sacrum behind the symphisis pubis; this disease is so frequent that it must have occurred during the time of the antients, but they were ignorant of it, for it was not known till the year 1754, when Dr. Hunter 1st discovered it by dissection, In order to cure it we should draw of the water by means of a cathater or we should ingect oily glysters into the rectum, and sometimes the uterus will be replaced spontanious ly we need not therefore be in haste to replace the Uterus,

It has been proposed to puncture the bladder in case the urine cannot be be evacuated sufficiently If that will not succeed to thrust a trocar into the Uterus to cause abortion or to enlarge the pelvis by incision at Symphisis pubis in order to accomplish the reduction of the Uterus. Hamilton

The impregnated ovum or rudiments of the fœtus is not allways received from the ovaria from the tuba Fallopiana, to be there conveyd into the cavity of the Uterus. For there are Instances where the fœtus sometimes remains in the ovarium and sometimes even in the tube or where it drops out of ovaria misses the tube falls into the cavity of the abdomen takes root in the neighbouring parts and is there by nourisht But they are allways less than the uterine fœtuses they either do not receive so much nourishment as in the succulent uterus or they generally come to their full growth long before their common term

Some of these burst in the abdomen others form abscesses and are there by discharged others shrivel appear bony and are retained during life or discharged by stool abscesses &c

Hamilton

But continue to draw off the urine occasionally every 2nd or 3rd day and if the uterus does not then return it should then be replaced and this is easily done by elevating the fundus and body of the uterus by means of the Index of the left hand introduced per anum and the Index of the right in the vagina, the flat catheter is the most proper for drawing off the Urine in this case

Of the Changes occurring during Pregnancy

Conception having taken place and the Ovum being come into the Uterus, the uterus begins gradually to enlarge and as it becomes heavier it falls lower into the pelvis the os tincae becomeing nearer to the os externum, the uterus keeps gradually increasing and about the 4th month it emerges from the pelvis and is the remaining part supported by the brim of the pelvis, about this time quickening takes place and the symptoms incident to Uterine Irritation ceases and the woman remains easy till about the 8th month. The uterus does not

become thinner as the bladder does by its enlargement but in general retains its naturall thickness, the reason of which is, that it receives a greater quantity of blood during pregnancy which distends its vessels and thus maintains its thickness. The ostinea after it the uterus ascends from the pelvis continues about the same distance from the os externum, it then gradually recedes further in proportion as the cervix of the uterus is obliterated which is wholly about 3 months after which time the uterus gradually subsides and the ostinea, again approaches the os externum. In 1st pregnancies the uterus generally ascends perpendicularly, as the abdomenal muscles, not being accustomed to the kind of pressure, afford a considerable resistance and prevent what is terminated pendulous belly. If the uterus subsides during the 5th month, it is an indication, that it is disposed to act improperly: If it does not subside, the woman will have a perpetual vomiting, tight respiration and other symptoms of pressure and the labour

In general will prove troublesome; these symptoms are to be relieved by an erect posture, which is contrary to that required in the diseases of early months. At the period of 5 months, the uterus acts in order to expel its contents and this action is not peculiar to the uterus alone, it occurs in every other part of the body and probably it is only an action produced by the effect of a certain degree of irritation in the same manner — the ventricles of the heart contract upon receiving a certain quantity of blood, adequate to produce such a stimulus as will induce their contraction.

No action which we are acquainted with can be continued long if it is violent and therefore the pain of labour is periodical, for nature could not support a continuance of it without intermission. The pain of labour is produced by the resistance which given to the contraction of the uterus, ~~two~~ women in the different stage of a labour, express their pain in a different manner, in the 1st stage that is while the os tinea and soft parts are dilated, she cries

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with Observations

out in an acute tone of voice, but after the parts are fully dilated, her tone of voice is more grave, and she retains her breath, endeavour to bear down the contents of the uterus as much as possible, a woman who has true labour pains has not the power of moderating them.

They will have their full effect,

(Convulsions)

Women during the latter months of pregnancy are liable to be seized with convulsions, they have been ~~been~~ supposed by some to arise from the uterus pressing on the Iliac arteries and so causing a greater determination of blood to the upper parts, but if this ~~as~~ was the only cause, they would oftner happen ~~than they do~~; convulsions occurring to pregnant women are very dangerous symptoms and frequently fatal ~~If they happen at the full period of pregnancy~~ If they happen at the full period of pregnancy and are accompanied with true labour pains, the prognosis is more favourable than if it is was otherwise.

As it is ~~If~~ in the Intervals ~~If the intervals~~ between the fits are long and that the patients do not remain senseless long after the cessation of the paroxism: If they occur about the 1st month and are not accompanied with labour pains: If the Intervells are short and the woman remains a long time comatose after the cessation of the fits, the prognosis is very unfavorable; the convulsions are not removed by delivery always, and our prognosis in this case must be guided by the frequency of returns compared with those before, If any force is used to deliver women who have convulsions, most women constantly die; preternatural presentations are therefore fatal to them and in some women who are subject to convulsions, there is such an extreame degree of Irritability that If the ostinee is only touch'd they are Instantly thrown into convulsions, and therefore in such, tho the pains do not expel the child after the parts are fully dilated we cannot use the forceps, but we must lessen the bulk of the head with the scissars as by that means the parts are not so much ~~&~~ Irritated,

and in general the child is dead, In these cases women who are attacked with convulsion, always previously complain of pain in the head unusually at the pit of the stomach, so that these symptoms may be considered as characteristic of the disease, The only remedy we can rely on In this complaint is copious bleeding and the nearer this is done to the head the better, as in the temporal artery or Jugular vein we should employ cathartics and afterwards opium which is better given in small repeated doses, frequent throwing cold water in the face suddenly, will sometimes prevent the fit, It ought to be done at first as the fit is comeing on, as will any other sudden fright. Emetics have been recommended, but there seems danger least in the act of vomiting, some of the blood vessels of the cranium should be burst, however ~~——~~ If there is nausea they may probable have good effect. When we are called to a pregnant woman in convulsions we should allways enquire If the membranes are broken If they are not we should probable get a

Mitigations of the convulsions by rupturing them; women are most liable to this complaint in 1st pregnancies.

(Of Uterine Hemorrhages)

Uterine Hemorrages require the practitioner skill, and attention in their treatment, as the loss of time here is of the utmost consequence. every discharge of blood from the uterus has not the name of Hemorrage, It will be proper to divide them into 4 classes, 1st, into those of the early months, 2nd into those of the latter, 3rd into Hemorrage occuring after the delivery of the Fœtus: these three as they never occur in a state of health ought to be considered as hemorrge tho, the discharge is ever so trifling, 4th, into Hemorrge after the extraction of the placenta or excessive Lochia, this is not termed an hemorrge unless the quantity is very considerable as there is allways some discharge at this period; all these Hemorrages that happen after six months are termed Hemorr. In the early months of pregnancy and those within which happen after the

commencement of the 7th month are said to be Hemorrhages of the latter months this distinction is very necessary; because in the latter months we are authorised to introduce the hand into the Uterus to deliver the child which cannot be done before the termination of the 6th month, Hemorrhages of the early months, are less dangerous than those of the latter months, because in the former case, the vessels of the uterus ~~the~~ are not so much enlarged and the danger of Hemorrhages, depends upon the quantity of blood lost in a given time; yet if it happens at the full period ~~at the~~ attended with labour pains the danger is not ~~equal~~ full. of Pregnancy and is not so great because the delivery will be readily effected.

Rich people are more liable to miscarry than poor people, owing to their indolence and delicacy of structure, poor people, seldom miscarry except from violence: abortions are induced by every thing quickening the circulation, as violent exercise passions of the mind, particularly terror; which, by acts determining a greater quantity of blood to the internal parts and in such the

1st symptom is generally a discharge of blood from the uterus; the women generally attribute her abortion to the act she was employed in. when her 1st symptoms came on; miscarriage has been attributed to generall ~~[illegible]~~ or partiall debility the former does not seem to be the case, for consumtive patients seldom miscarry, tho they experience the utmost effect of generall debility It rather seems to be occasioned by a debility in the uterus and its appendages combined with ore productive of general ~~Irritabil~~ Irritability some attribute it to the extream ~~[illegible]~~ lubricity of the uterus, by which means say they it cannot retain the ovum, but let it slip from its cavity but if this was the case abortion would be attended with little pain, but — sometimes there is as much as there is in a lo' labour, some women have in 3 or 4 successive pregnancies, abborted regularly at the same period, this has been accounted for, supposing that in such the Uterus could not bear a further degree of enlargement, which is at that period received. It is possible for women to conceive when the

Ovaria are found tho the cervix of the uterus is diseased the fœtus may acquire perfection, but if the fundus uteri is depressed; abhortion in all ye probability will take place, whether we attempt to prevent abhortion before or after the symptoms we seldom succeed; if we mean to prevent it before the symptoms comes on, we must attend to the generall health of the patient and particularly to the state of the alimentary canal and bladder if the woman should be plethoric she should be bled and a spare diet enjoined with vacuant; Glysters are the most proper for keeping the Bowels open, or if any thing is given by the mouth, castor oil is the best medicine, if the patient is of a weake delicate habit we should endeavour to invigorate it, the cold bath is excellent for this purpose; but we should find a considerable difficulty to persuade a pregnant woman to get into it, unlesse we accustom her to it before she proceed with child, and in such women, an

Horizontal posture as much as can be complyed with will be of service, tho it would be hurtfull in a plethoric woman. there are some woemen in whom we cannot prevent miscarriage and others who take the most powerfull medicines will not effect it, sometimes the membranes rupture spontaniously and then abbortion of course takes place yet some woemen will tell you that the waters came away at that time, and yet that they went thire full time, but in this they must have been deceived; the symtoms of abbortion are different, they complain of pain in the abdomen, Back, and Extremities, frequent inclination to make water, but abouve all a discharge of blood from the vagina; if this last symtom is profuse, the woman allways miscaries, but if its slight tho she has the other symtoms its possible she may recover, and go her full time, some woemen miscary with great pain, whilst others abbort during thire sleep, or while they are at thire meals without the least previous notice when an

Abortion takes place in the early months the ovum comes away complete, but in latter months the membranes rupture and the aqueous is expelled as in Labour: the ancients thought that in preternaturall labours, that the placenta adheard so firmly to the uterus that it could not be seperated by the hand, they compare it to fruit which when full ripe, readily fall off, but which when green adheares firmly, some of them have contrived Instruments for extracting it while others recommend introducing the hand into the uterus but these cases we should leave to nature, there will most probably no bad consequence arise, tho it should remain till its putrid, Dr. Thynne has several times seen this case. Uterine Hemorrhages are to be treated as other Hemorrhages, and by lessening the contents of the womb: for thus it is dueed to contract by which means the orifice of the bleeding vessels are stopped: Fainting is a desirable circumstance in uterine Hemorrhages

Mr Blizard and Abynether recomend Emetics in
these cases

for this time is given for formation of coagula, and the Uterus is not deprived of the power of contracting during that time, for woemen often abhort, or are delivered during a fainting fit. 5th. the necessity for not useing stimulitic in these cases is obvious astringents have been recommended, but they are improper, as they tend to increase the circulation, which should be retarded as much as possible, If the patient is plethoric we should bleed, It will be proper to give Niter and minerall acids, these have been objected to because they are apt to make the patient vomit, but this is a circumstance which is of service rather than otherwise.

Astringent Injections have been recommended, but they do not answer, for If used while the Blood is gushing from the uterus, they do not come in contact with the vessels and If used when the flooding abates, they may wash off so coagulee from the vessels and induce fresh Hemorage, cloths dipped in cold water and applyed to the loins will be proper,

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but they should be removed as often as they become warm, Glysters of cold water are proper rest should be joined and the woman kept as cool as possible in all weather tho she shakes with cold, In the early months if the discharge is profuse we should endeavour to rupture the membranes, tho this case can seldom be done, and in the latter months we should always try the effect of this before we proceed to delivery in these cases, the woman is never safe untill she is delivered for tho the flooding should cease in consequence of a coagula they are very liable to return upon the removal of these coagula; and if the practitioner should not be present the woman may die before he can arrive. an Instance of this happened to a Gentleman in London, we ought therefore in floodings of the latter months never to leave the patient, if they are violent till she is delivered,

I Dr. Thynne never knowd an Instance nor an Instance where hemorrhage of the early months

months was primarely the cause of the womans death, they are therefore only dangerous by leaving the woman in a debilitated state at which time they are very liable and yet unable to withstand the effect of a fever; Mauriceau relates 78 cases of Hemorrhages of the early months, 14 of which proved fatal, but he attributes their death to the rude extraction of the placenta: all hemorrhages are occasioned by a seperation of some part of the placenta from the uterus by which some of the mouths of some of the uterine vessels are exposed: the placenta is sometimes attached over the os tinca, and thus produce a hemorrhage peculiar to the latter months; it does not take place till a change begins to take place in the neck of the womb, which is generally about the 7th month these hemorrhages are more dangerous than those arising from the seperation of the placenta. we should not attend to the quantity of blood lost in an hemorrhage but to the effect produced upon the constitution for in the 1st place you cannot ascertain the quantity exactly, and some

Women will bear to lose more than others. the

greatest danger is indicated by the pulse being quick and allmost imperceptible; the countenance pale, the extremities cold and if these should be high respirations and convulsions, after the loss of much blood Dr. Thynne says the case is all way mortal. vomiting often occurs, but this is not so dangerous an indication as has been generally supposed; if there is labour pains the danger is not so great for the uterus contracts so close round the body of the child that the vessels are in part closed we should always remember this in our prognosis for the (nearer the woman is to her full time) the greater the danger in general yet if a woman is seized with a flooding and has labour pains (being her full time) the danger is less than if it was at the 4th month. In all hemorages of the latter months our 1st object is to ascertain whether the placenta is attached over the os tinca or not and this is often very ~~different~~ difficult, for the

Os Tinea is frequently coverd with a clot of Blood, which we can scarce distinguish from the placenta by the feel, Rigby advises In all cases where we are devous to Introduce the hand and effect premature delivery, as he thinks It is the least risk, for If it should be so the danger is great, at the commencement of the labour; as the gradual dilatation of the os uteri must afford a very large surface of bleeding vessels, for a considerable time, as soon as ever we can discover the placenta is attached over the os Tinea (as it being our only resource) we should proceed to deliver the patient, as by waiting for a return of the discharge the vessels will be more enlarged and the Hemorage proportionable larger, in case of separation of the placenta, from any other part of the uterus; If the discharge is moderate and the woman not much exhausted in consequence we should not deliver on at the 1st or second discharge,

But wait in hopes of the woman support them till the full period of pregnancy when nature may effect the delivery and the life both of the mother and child be preserved, but the woman may be in such a state as she cannot bear the further loss of Blood and here we should deliver immediatly, otherwise the patient will be lost. In flooding cases the os Tinca is in such a state as to be easily dilated, In placenta cases we are advised to perforate it with one finger, and there to enlarge that opening so as to introduce the hand, and to deliver the child through it, but the best way is to introduce the hand gradually between the uterus and placenta to seperate the placenta from the os Tinca, we must then turn the child and there will be a cessation or moderation of the discharge: we should proceed in extracting the child very cautiously and slowly in order that the uterus may contract as the child is expelled.

Of Labours

Labours are divided into 4 clases, Naturall, Laborious, preternatural and complicated. A Labour is termed natural from nature being sufficient to effect the delivery, it is defined to be where the head presents and the labour is terminated four and twenty hours from the commencement of labour If it protracted beond that time, tho the powers of the constitution may be yet sufficient to over come difficulty It is called a Laborious, tedious, difficult labour, preternatural labours are those in what which any part except the head presents and where the assistance of art, is most frequently required; If any labour is combined with flooding or any other circumstance which requires the assistance of arth It is called a complicated or any anomalous labour; Nurses make many distinctions If there should be vomiting, they call it a sick labour, If drowsiness, appears they term it a sleepy labour, If there is a

If there is a great quality of mucus they call it a wet labour; these circumstances are of service, as by intervals of sleep women are refreshed by the great secretion of mucus the parts more readily dilate and the act of vomiting facilitates the expulsion of the child, ~~If it is a~~ If there is but little mucus the nurse says It is a dry labour, and these in generall are tedious and the parts in general take a great while to dilate the action of the uterus and labour pains, have been employed as synonimous terms, but they differ in signification for the labour pains are caused by the resistance made to the action of the uterus, and the action of the uterus is the power overcoming that resistance. The obliquity of the uterus has been supposed a cause of tedious labours and in some country it is customary to take of that effect by the position of the patient, in England we allways deliver women on their left side and in 9 nine cases out of ten, the obliquity will be found on the right, owing

to the segmoid flexion of the colon on the left,
but if the belly is pendulous, the patient should
be on her back the whole of the labour and if the
uterus is on the left side, she should be on the right,
In France woemen are delivered in the same
position as we place patients for the operation
for ~~of~~ the stone but this is indelicate and painful,
In germany they are delivered on a stool, but this
is ~~un~~ improper, as the woemen cannot have the
benefit of sleep, during the intervals of pain;
In Ireland they are delivered while sitting on
the knees of another, and in america they ~~think~~
think so little of the matter, that woemen often ~~deliver~~
deliver themselves, against a tree in the field,
and carry the child home themselves in England
the delicacy of the females is such that they will
not admit the practitioner to come near them
till the pain is violent, we ~~should~~ therefore
should allways enquire of the nurse the state
of the bowells, the Bladder &c how long the patient
has been in labour whether the pains are violent
an quick and if the waters are discharged,

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If the patient has been long in labour we should frequently retire into another room to give the patient an opportunity of voiding her urine which in such cases she has a frequent inclination to do; In natural presentations the most common is where the occiput is inclined to the left cotyloid cavity and the face to the right sacroilliac synchysis: the French say the head may come in six different ways or directions rather they advise you if you find it coming of unfavorable to endeavor to alter it, but this is often impracticable and always unnecessary, as nature is sufficient to effect the delivery if the proportions of the parts are proper; if the face presents with one or both arms: they constitute varieties in nature all labour but a longer time is necessary for the completion of the delivery: labour generally comes on with a degree of despondency and this is not peculiar to the females in the human species as it is observable in Brutes.

~~particular~~ particularly in the pregnancy

For a minute detail of the
bed dress of the patients
and other particulars
relating to the management
of natural Labours see
treatise of midwifery for the
use of female ~~pa~~ practitioners

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It may be occasioned by sympathy, from the 1st change made on the os Uteri and this is increased on a natural timidity, during the 1st pains the os Uteri begins to dilate and this is the most distressing period of the Labour, as the woman then being much distressed by anxiety. Fever, labours most commonly comes on with a shivering fit, but instead of this shivering, there should be a full and distinct rigour, similar to that which is observed at the beginning of fevers, or should a rigour come on in the middle. It indicates a future attack of puerperal fever, or some imending mischief to the mother or fetus; In natural presentations (and In those only) there is sometimes a suppression of Urine, this is occasioned by the pressure of the head of the child on the neck of the bladder or Urethra, we therefore in all lingering labours, should attend to the state of the bladder, and this should be done by applying the hand on the os pubis, for if we depend on the womans account we are liable to be deceived

for If the membranes break before the os uteri is much dilated, the water will trickle away and the woman will Imagine its her urine, and the Bladder by being distended is liable to be ruptured and a circumstance which has actually occurred in two or three cases. to relieve this suppression of urine, we must introduce a finger into the vagina and push the head back and a little upwards and then possible the woman may make water; If this method does not succeed we must have recourse to the catheter and in these cases we should always use the flat one, when we examine to feel If the Bladder is distended, over the pelvis we should feel If it is a flat circumscribed tumor which is painfull to the touch in such cases we should draw off the water as soon as possible; women in lab.r who have natural presentations, are also often troubled with an opposite disease this is an incontinuance of urine, occasioned

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By the pressure of the head of the child upon the fundus of the bladder; It is increased by patients sneezing, and coughing or standing upright, It is of no further consequence than that of making the patient ill and ought not to be attended to; Leucomucs or costiveness are frequent occurrences during labour, from the pressure upon the rectum, the latter (particularly in tedious labours) should be removed by glysters, as it impedes delivery, by diminishing the cavity of the pelvis; Diarrhoea sometimes occurs and is generally of service by removing the febrile diathesis, and preventing an accumulation of faeces in the rectum. One or both labia magna frequently swell to a ~~case~~ considerable degree during labour and put on a gangreanous appearance, this circumstance has given mutch alarm ~~to~~ to the patient and practitioner, but the fear is groundless It is only extravasated blood and a point of a lancet is all that is necessary.

The vagina becomes smeared with a ropy mucus which is at 1st tinged with blood and is then called the show It is a proof that the os tinea is in some degree dilated and it serves to lubricate and relax the parts disposing to dilatation for the passage of the child, this often appears before tho sometimes not till after the labour pains commence.

Labour pains have been divided into true and spurious and a distinction is necessary in practice for if spurious they may be relieved and will be proper to them otherwise by their continuance they may excite the true action of the uterus, even at a premature period we should therefore be careful to distinguish them, true labour pains generally begin in the loins extend round the abdomen and terminate at the pelvis tho they sometimes commence in some particular parts, they are often troubled with vomiting and

Sometimes with violent pain at the pit of the stomach and in the head, the two last simtoms indicate convulsions before the termination of the labour and therefore whenever these symtoms occur we should acquaint the friends of the patient, that we expect such an attack during labour, true labour pains are periodical, and slight at the begining, but as the labour advances they return more strong and frequent, women generally recover more perfectly after lingering than rapid labours, and it is observ'd these women who are seized with the puerperal fever are those generally who have had quick labours,

Whilst the soft parts are dilating, the woman expresses her pain in an acute tone of voice, like one wounded by a cutting instrument, but as the labour advances when the soft parts are sufficiently dilated and the uterus begins to expel its contents, the woman complains in a more grave tone, instinctively retains her breath in order to force down the contents of the

Womb as much as possible, therefore if we attend to these circumstance, we shall be able in some degree to judge the progress of labour, by the expressions of the woman and thus we avoid the inconveniance of frequent examination to ascertain the state of the labour there is great Impropriety in giving heating or forcing things or desireing the patient to bear down before the os Uteri is dilated; If we do the patient is sure to be Injured by It, indeed Its seldom necessary afterwards tho in some cases under proper restrictions, It may tend to expediate the delivery; When the pains are slow and full which by the women are called grinding pains we should not follow the practice of nurses and midwives, who tell the woman the pains are of service that she must experiance mutch stronger before she can be delivered, as that very mutch discoverages and adds to their inefficacy of the pains, on the contrary we should make use of all encouraging soothing language in our power.

case of emphysema brought on by severe labour pains Vide Med: Facts: & Observations Vol 2 page 45.

False pains may be produced by flatulency, costiveness, fatigue, febrile diathesis an irritable habit by the regular motions of the child. these are to be relieved by attention to thire causes, If they arise from fatigue, or flatulence glysters with opium ~~opium~~ succeed by Opium will be of service as indeed in all spurious ~~pain~~ pains: if they arise from febrile diathesis; small bleeding and the antiphlogistic plan will be proper and venesection will be of service in all spurious pains in ~~of~~ children and full habit. If they arise from an irritable state of the patient, opium is the most usefull remedies, after the exibition of glysters, spurious pains are often periodical and equally strong with true pains, false pains more frequently occur in an Evening they are more ~~irreg~~ irregular than true pains and are not accompanied with ~~stiny~~ mucus, but this is not sufficient for us to form prognostics, some advise to lay your hand on the abdomen and if we feel a hard globular body,

In motion we are certain this the uterus in action, this is certainly a good method but in this stage no woman will permit it; the only certain method we can distinguish true from false pains is the introduction of the finger into the vagina, and if they are true pains the os tinea will be found almost as thin as brown paper, and little dilated, and we should find the uterus bearing down during a pain.

Women are often so impatient during labour as to insist upon assistance in this cases, if the parts are dilated we should only sit by them, or keep a finger in the vagina during a pain, by which they will be satisfied we should in all cases endeavor to deliver them as quick as possible. Labours are divided into 3 stages, the 1st consists in the dilatation of the os uteri and rupture of the membranes.

The 2nd, the delivery of the child, and the 3rd, that of the extraction of the placenta, & membranes, the os tinea at the beginning of labour is of various thickness size and distance from the external

parts. The 1st stage of labour is effected very slow, particular in the begining and the 1st labour; It is performed by a contraction of the uterus forcing out a portion of the membranes and waters through, which being a soft accomodating body is insinuated during a pain to every part of It and acts like a wedge; when there is a pendulous belly we do not discover the os Tinea, in the axis of the inferior aperture of the pelvis, but It is pushed towards the vacrum. As labour advances, the intervals of ease become shorter and the woman becomes anxious for the event but we must be very cautious in not giving a decisive answer to any question that may be asked respecting the duration of the labour; as we cannot say how long the os tinea may be dilating or how long the pains may continue strong: the longer the os Uteri is in dilatiding the more in proportion will the woman be affected with nausea and vomiting and If we examine during the time the woman is so vomiting we shall find that the uterus bears down as much as during a

Pain. labours sometime instead of increasing Irritability will lessen it and the patient will sleep during the intervals of ease, If pain returns often, and If the os uteri is thin and bears down during a pain and particularly If the woman has had children before she should not be left when the os tinea is a little dilated the membranes will be ~~left~~ felt protruding and very turgid similar to a blown Bladder during a pain and sometimes has been mistaken for the head of the child, ~~[illegible]~~ It may be distinguished by there being no sutures to be felt we should be very careful in an examination, for during pain the membranes are easily broke and If we should do this at so early a period we render naturall labour a tedious one, for the head of the child Is not near so well suit adapted to dilate the parts as the membranes are; we should break the membranes till the os tinea is fully dilated and Indeed in natural labours, It is very

seldom necessary to break them at all; but when it is, it may be readily done by scratching them gently with the nail of the Index finger during the height of pain; as we must not attempt examining a woman the 1st time but during a pain; but in France where the delicacy of the sex is not so great as it is here, practitioners examine in the absence of a pain and they are certainly then the best Judges of the situation of the parts, the 1st stage of the Labour being now over, the uterus in consequence of its contents being lessened by the evacuation of the waters; is excited to more vigorous action and contracts closely round the body of the child, we should never leave any woman after the evacuation of the waters, but more particularly those who have had children before, for they are frequently delivered in the next or a very few pains afterwards.

It may be necessary to repeat the motions the head makes in its passage through the pelvis:

It 1st makes a flexion ~~towards the chin~~ forwards, the chin resting upon the breast

This is continued without alteration till it arrives at the spinous process of the os Ischii: when it makes 6th or an 8th part of a turn, by which means the long diameter of the head corresponds ~~will~~ with the long diameter of the inferior aperture of the pelvis and as the head passes through the externum the occiput emerges from under the arch of the pubis, and the waters are evacuated and the parts dilated, the head presses on the perineum and here our attention is required least a laceration should take place;
Quadrupeds and women who are delivered without assistance, seldom have laceration of perineum, the principal cause of this accident, is too quick an expulsion of the head and the perineum being preternaturally rigid, as soon as ~~we~~ ever we perceive ~~the~~ the head forming a tumor in perineo, our attention must be directed to support that part and this is done by a fine ~~cl~~ cloth in the left hand and the palm of the right should be applyd over the

os externum to prevent the too sudden expulsion of the child, in some cases it will be necessary to support the perineum while the shoulders and hips pass. It often happens that the head of a child will recede in the absence of a pain, the pressure lower during a pain, but this is of no consequence particularly if we are afraid of a laceration of the perineum, and it may in some degree tend to prevent it after the head is delivered we should not attempt to extract the body, if we do, we generally do some injury and nature will compleat the delivery in one or two pains more, for if we pull the body without getting the shoulders into the long diameter of the pelvis we increase the difficulty; Mr. White of Manchester observes that by allowing nature to complete the delivery we prevent after pains and injuries to the external parts and he says that the extraction of the placenta will be more easy for if we extract the body in the absence of pain the uterus is more liable to contractions.

See Spasmodic. as soon as the head is delivered the mouth should be turned from the os externum, least a sudden gush of waters might suffocate the child. If the child, is weakly and the breathing not perfect we may destroy it by tying the funis too soon, the ancients did not tie the funis till after the placenta was delivered but this is inconvenient, however we ought not till after the child has cried, as this is the criterion by which we can judge of the ~~breadth~~ breath life having taken place there have been many opinions respecting the tying of the funis, some thought one ligature next the child was sufficient, others think that two are proper and the funis is to be divided between them, we generally advise two and our principal reason is cleanliness, and besides if there is twins it is possible that the placenta may communicate and if so the child in utero must perish and some practitioners say that when the placenta is ~~one~~ turgid with blood it is most easily separated and by having two ligature we can more readily discover

whether there is any flooding after delivery of the fœtus, the funis should be divided about 4 or 5 fingers breadth from the abdomen of the child, it should be tied with a piece of tape or thread time 10 or 12 double: we should be careful that nothing but the funis is between the blades of our scissors, as there is an instance of an eminent practitioner, cutting of a portion of a child's ~~funis~~ funis; to avoid this, we should take the funis between the middle and ring finger of the left hand; by which means we exclude every thing else; after laying the funis we should apply a flannel cap over the head of the child, particularly if it is in the winter time. otherwise if the child should have sore eyes, which is a common occurance, the nurse will attribute to this neglect; after we have given the child to the attendant we should apply our hand to the ~~hand~~ abdomen of the mother this will be permitted at this time; tho in the beginning of labour the patient will not suffer it, if we find that the abdomen is large and

delivery —

Hand most probably there is another child, particularly if there should be a continuance of pain, if we are in any doubt respecting this, we should introduce a finger into the vagina and with the other hand on the abdomen we should press the abdomen downwards by this means, we shall be able to decide. The extraction of the placenta should never be attempted immediately after delivery and if there should be twins it should not be tied after the — of the 2nd child; Hippocrates advises medicine substances to be introduced to excite the contraction of the uterus, and celsus recommends the introduction of the hand immediately after delivery in order to remove coagula of blood, and extract the placenta; this practice was universally adopted for many years but was at last rejected by Ryusch and ambrose parry; yet smelie inculcated this doctrine and it is practised by some at the present day. Dr. Hunter advanced a doctrine the reverse of this, he observed that in all

Animalls the placenta is delivered by the efforts of nature he therefore proposed never to extract the placenta at all, but this method of practice proved fatal to several and we find it right to preserve a medium between the ~~practice~~ manner of Celsus and Hunter for if we extract the placenta immediately after delivery we expose the orifices of a great number of vessels, which may power out a great quantity of blood, before the uterus has time to contract on the other hand by leaving it to nature we render the mind of the patient uneasy it causes pain and produce putrid diseases; in general the proper time to waite before the extraction of the placenta is from 10 to 20 minuets minuttes tho this is uncertain; as it depends entirely on the state of the uterus; we must wait till it is in a disposition to contract; for then the extraction of the placenta is less difficult and the orifices of the vessels all close; as the placenta is separated, as soon as we perceive the uterus to contract we

Should take hold of the funis with a cloth in one hand and introduce the other into the vagina, the two fingers and draw the funis over the top of these fingers as over a pully the funis will recede during inspiration and the efforts we use should be just sufficient to prevent this recession, we ought to pull gradually and gently and not by intervals; as the placenta is coming through the vagina, we should turn round by which means we can extract the membranes also, If the uterus does not contract soon after delivery we should prescribe also cordi and the abdomen should be rubbed with a warm flannel by which means the action of the womb will be excited: If after delivery an hemorrhage comes on, providing the action of the uterus takes place, there is no danger but If its accompanied with a flooding of the uterus which is generally the case, we should not extract the placenta, by the funis but by introducing the hand into the uterus and dilating with the fingers by which irritation the action of the uterus will be excited.

a morbid retention is
difficult and dangerous
If the placenta remains
and nature fails to expel it the woman generally
dies from uterine Inflamation ~~&c~~ and
gangarine. The operator is ~~[illegible]~~
It must be left to nature as long as possible If that fails
the hand must be introduced very cautiously
Hamilton

But we must continue our hand in the uterus till this is excited or effected If we are called in late to a violent flooding case and the patient very much exhausted It will be imprudent to extract the placenta immediately for there is allways some blood lost upon the seperation of the placenta and the patient so far reduced, as not to be capable of sustaining such a loss; in cases of hemorrages, women are very much terrified which makes them appear more exhausted than they really are, sometimes the placenta is retained from a spasmodic contraction of the uterus which throws it into a variety of forms, we must persevere steddily in our attempts to introduce your hand into the uterus in these cases, we must bleed and be free in the use of opium at the same time applying warm fomentations to the abdomen great benefit has been derived from Emet: tart: given in small doses repeated, often sometimes there are morbid adhesions of the placenta to the uterus In these cases we can never seperate

from the retention to long
malignant putrid miliary
fevers and fatal flooding
have often been occasioned
of which I have known several
Instances / Hamilton

Vide White's treatise
directions for ~~many~~
~~cases~~ managing the
placenta cases 11th 12th 13th
14th & 15th Kirkland's
treatise of child bed fevers
page 153 & 164

The whole we must introduce our hand and detach as much as we can, In extracting the placenta by the funis we must, be careful not to exert so much force as to seperate the funis, which is easily done If the vessels rami fy much, before they enter the placenta.

(Of Laborious or Tedious Labours)

These ~~frequently~~ frequently require our assistance, they are defined to be where the head presents, but from some impediment, the labour protracted beyond the space of ~~t~~ 24 ~~hours~~ hours, these are not peculiar to ~~to form~~ deformed women but often happen to those who have a Pelvis, the uterus varies in form in different animals also in thickness It is thicker in the Human, than in any other species which gives It a great power to overcome that resistance, which is peculiar to the human subject; women are affected by the passions of the mind, It is therefore evident that it is wrong to communicate Intelligence to women in Labour; The complexion of the patient has

been supposed to have some influence over labour, but this is only applicable to very fair or very dark women as such are more liable to the affections of the mind and body whilst those women of intermediat shades generally hopes a more equitable disposition and better health. the size of a woman has been supposed as an occasional cause of difficult labours, this so far just that those women are generally inactive and cannot undergo much fatigue and very small women have frequent distorted pelvises but which circumstance are generally avoided in women of a midling stature, the state of the mind has also been thought to have some effect as those women of a cheerful disposition are said to undergo parturition the best. the climate and heat of the wither may likewise have some effect, as women in general sicker in hot than in cold countries, there is allmost an endless variety of the species of laborious labours, and these in general are owing to a combination of causes. they may consequently be divided into 4 classes.

First those occasioned by the Inertia of the uterus.
2nd by a ~~rigidity~~ rigidity of the soft parts. 3rd those occasioned
by a disproportion between the head and pelvis,
and fourthly from disease in the soft parts;
the causes of the 1st class may be too great distention
of the uterus this never in so great a degree as to
deprive it of all power of action tho it may be
much diminished from this cause as we
observe in twins for in these cases the 1st stage of
labour is performed very slow the pains being
very feeble, In these cases we should break
the membranes for by this means, the
contents of the uterus is lessened and it acquires
power, yet we should be cautious as we are
to recollect, that the child is more liable to
Injury after the waters are evacuated.
It was formerly a practice to confine a patient
to her bed as soon as labour commenced but this
practice is not proper in general, for by this
means we counteract the effect of the gravity
of the uterus and retard the labour in cases
where the patients has had very quick labour,
Labour at

be Right. If the uterus does not subside at a proper period of pregnancy there is apt to be a sickness and a spasm of the uterus when labour commences; when this happens the patient is of a weak, irritable habit and in such it will be proper to mitigate the constitution by exercise during pregnancy the patients is often in these cases feverish ~~and~~ then bleed, cooling medicines are proper opium aperients &c & but in young plethoric women we should not give opium till after we have evacuated freely as it is apt to disturb the order of labour. the rigidity of the membranes has been considerd as a cause of difficult labour but in general the cause of there not breaking is owing to the inefficacy of the labour pains, for we find in premature labours where the membranes are always strong than at the full time they break spontaneously. Sometimes the funis is very short or it might be twisted round the child this is said to be a cause of difficult labour but nature will effect delivery.

If the head of the child is delivered and the funis twisted round its neck, we are directed to bring the funis over the head of the child, If this is easyly ~~practicable~~ practicable it may be done, but If we cannot do it easily we should examine the pulsation, in the funis, If it is strong, we should leave it to nature but If feeble the child is dying and we should deliver it as soon as possible by introducing the finger into the arm pits or passing a Handkerchief over the head or we should tye and divide the funis as If the child was delivered and rely upon the breathing life. the abdomen of the child may be dropsicall and impede delivery a case of this kind happened to Dr. Young of Edinburgh.

Debilitated women have often very quick labours, but then they are generaly a long time before they recover and are liable to be attacked by every predominant contagion; women of a full habit, are more liable to linfering labours, but that they recover more speedily:—

L
136 When the mind is depressed, an the labor tedious all we can do here is to ~~encou~~ encourage the patient. the rigidity of the soft parts is a particular attendant upon 1st labours and this very ~~much~~ much increased If the patient is advanced in years before she proves with child o or may be caused by Inflamation so that we ought to be very cautious in giving healing medicines at the begining of labour. bleeding is not necessary in every labour but where the patient is young plethoric or If there is fever or topicall Inflamation its proper as are cooling glysters &c and in rigidity and Inflamation of the soft parts, the patient should sit over the steams of hot water. A pendulous belly may be a cause of tedious labour for In this case the uterus endeavors to expel its contents in a direction contrary to the axis of the pelvis this and every other obliquity is to be counteracted by the position of the Uterus. the rigidity of the os Uteri, may exist without the externall organs being affected and vice versa.

A disproportion between the head and the pelvis may happen from a vitiation of the latter, If this is not very great nature will accomplish the delivery, but If its very considerable we must have recourse to Instrumental delivery, another cause of this disproportion may be a complete ossification of the head of the child which deprives It of the power of lessening. sometimes there are tumors on the head of the child which impedes its passage when this is ascertaind It should be opened; a Hydrocephalus may happen to a fœtus in utero; but this cannot be known till the 1st stage of labour is over and then there will be a fluctuation evident and the sutures are very far apart as soon as this is discoverd It will be proper to open the head as its not alive. If the face presents or It is turned towards the pubis its productive of a tedious labour, sometimes we are able to discover this early, while the face is yet above the brim and then we may possible be able to change the presentation If we do It must be for the better, It cannot be for the worse, If the parts of

[illegible] — 1 6
[illegible] — — 3 7 3
[illegible] — 1
[illegible] — 7

generation are in a rigid state this cannot be done, sometimes one or both arms come down with the head If we can return them we ought to do it; otherwise we must leave the case to nature but then the labour will be rendered tedious, The distention of the rectum or bladder may produce a tedious labour, by occupying too great a part of the cavity of the pelvis, we should therefore in all lingering labours, attend to the state of the rectum and bladder with respect to the bladder we should apply our hand on the lower part of the abdomen, for the woman may mistake on the evacuation of the liquor amnia for a discharge of urine; In general we may relieve a true distention of the bladder by pressing the head of the child back with the finger, but if this cannot be done we must have recourse to the flat catheter, a woman may conceive who has a stone in the Bladder and this by coming before the head of the child may impede its passage should such a case occur it will be proper to cut upon the stone and extract it. Excrescences and scirri of the os Uteri

139 May be a cause of tedious labour they may protract it. It, The os tinca in these cases, will dilate very slowly; It is possible a woman after conception ~~we~~ may form an Inflamation or other causes have an adhesion of the sides of the vagina, this will certainly very mutch impede delivery, If they are near the os externum they may be taken for unruptured Hymen and hence probably arose the conjecture of a woman conceiving with a perfect Hymen this difficulty we remove by dividing them tho If left to nature, the delivery will be in time accomplisht'd, Tumors are another impediment, these If large must be removed. It is said that a labour has been protracted by the dropsy of the ovare and & relieved by the trocar. A rupture of the uterus has been allways ~~been~~ considerd a very uncommon, but Dr. Thynne is of opinion that it is not an unfrequent case, he has known several and he thinks it is very probably that this happen in general where women die suddenly during labour without appearant cause; It is always mortal.

Of Preternatural Labour

A preternatural labour, is that in which any part of the head presents or which any part of the fœtus except the head presents, every woman is liable to them, a number of uncertain symptoms have been enumerated by which we are to judge during pregnancies of a probability of a preternatural labour but they are erroneous and if they were certain, they would be of none in practice; women who have such labours have often an irregularity of the abdomen during pregnancies and feel an unusual sensation upon lying down and in these the uterus seldom subsides the 9th month, as it generally does, in natural cases, in these the 1st stage of labour is very lingering and the membranes instead of forming a round body usually form a long one, like the finger of a glove. If upon examination, after the dilatation of the parts we cannot feel any part of the child, its a strong presumption that the presentation is preternatural.

Vide Medical Facts and Observations
Vol 1. Page 76 Spontaneous Evolution of
the Fœtus

and we are authoris'd in this case to introduce the hand into the uterus to ascertain the presentation, and here it may be necessary to premise that whenever we introduce the hand, it should be carried through the external organs during the height of pain, as then the patient will not ascertain the pain we give them, but should be introduced through the os tinea in the absence of pain. the back of the hand should be smeard over all with a strong lather of soap, over which we must spread oil to prevent alkali from stimulating the parts. the head of the fetus can only be distinguish'd from the other parts by the sutures and ears, from the breech or shoulder may be so so jammed in the pelvis, as to feel as solid as the head. the presentation of the shoulder is to be ascertained by carrying the finger along the side of the neck and ear ~~and the right hand out~~ and the right shoulder is distinguish'd from it by the direction of the ears. the arm is distinguish'd from the foot by the fingers, which are longer than the toes and the thumb being at a distance

See Med: Facts and Observations Vol 5 Page 96
A Breech case an Foetling

The back may be known by the spinous process of the vertebra, the abdomen or breast by feeling the insertion of the funis; the Breech is known by a discharge of meconium by the cleft in the buttocks and by the genitals, however the discharge of meconium sometimes happens in a natural presentation but then it is a certain indication of a dead child: the inferior extremity is known by the feet, and the shortness of the toes: preternatural labours may be divided into two classes the 1st including presentations of the Breech and lower extremities and the second including presentations of the superior extremities. Dr. Thynne never met with any others: after the membranes are broken and we find that the Breech presents double some authors recommend us bringing the feet down directly, others recommend us to leave it to nature and the latter is certain by the best practice, for the child may all ways come double and by this means the parts are so much dilated that the head may be easily brought away and there is a greater

Probability of

Saveing the child, If the funis preceds the breech or the woman meetch exhausted or a flooding comes on we must endeavour to expediate the delivery and this we do by introducing our finger into the groins of the child and extracting gently from side to side or we may pass a handkerchief over one or both groins these methods are much preferable to the blunt hook for by the use of this Instrument we are liable to break or luxate the thigh or Injure the genitals. In these cases the child is usually born dead particular If It is larger than common, of the 1st labour. in all preternatural presentations If the os tinca is not fully dilated and the membranes are entire we should be careful in our examination least we rupture them If the membranes are ruptured and the os tinca not fully dilated we should in all presentations (except those of the upper extremities with the shoulder) wait patiently and not attempt artificial dilatation except some danger occurs. in this case except we must use artificial dilatation as It is necessary to turn the child.

F
144. As soon as the breech is expelled we should attend to the direction of the child and if it is not already we should turn it that the occiput may nearly correspond with the pubis of the mother; but we must be carefully to do the hips are expelled otherwise the head will be locked in the pelvis having done this we should extract gently from side to side and as soon as we are come almost to the shoulders we should extract the arms, for this ~~purpose~~ purpose support the body of the child on one arm bringing it as much as possible to one side then we should pass ~~the~~ along the arme one or two fingers of the opposite side of the child as high as the elbow, and then we must depress the childs arm the same method must be observed in respect to the other arm, but we must use some caution or we shall break the arm, we are now to support the breast of the child in our left arm and then to put the Index of our left hand into the childs mouth while the fingers of the right hand are employed across the back of the neck we therefore extract from side to side,

If we are now to extract in the contrary direction in all these cases we must proceed in a very gradual manner, In case of a Back or belly presentation which are very scarce we must reduce them to a footling case, If the shoulder or any portion of the arm without the head the child must be turned If the os tinca is fully dilated and the membranes entire in a shoulder presentation we ought to endeavour to turn the child, before the waters are evacuated as it is then much easier upon account of the waters preventing the uterus closely embracing the child, If the external parts are rigid tho the os tinca is dilated we should endeavour to dilate the os tinca artificially and this should be done during a pain. If the membranes are broke, the os tinca rigid and an upper extremity presenting, we must have recourse to artificial dilatation and that during the absence of a pain If we do not proceed to this method the shoulder is still further wedged in the pelvis, and the case becomes still more

Difficult; The uterus may be said to have 3 actions, viz, Its elasticity Its contraction in time of labour and spasm in case of the latter we cannot attempt to turn the child but must use opium, bleed, open the bowells &c. we should never attempt turning a child during a pain as we are in great danger of injuring the uterus and whenever we perceive a pain coming on, we ought to flatten our hand to prevent the unequalities of our knuckles from injuring the womb: when a superior extremity presents we should examine with the arm be twisted and ascertain which hand this and ~~which~~ which way the palm of the hand is directed for we must introduce our right or left according as the right or left presents of the child's, and the feet are usually found on that side to which the palm of the hand is directed, when we have occasion to turn a child; we should endeavor to do it while the woman is upon her side, that we might not alarm her, but if this does not succeed we must place her on her back.

or even her knees and elbows, If we can lay hold of both feet, so much the better but we can turn by means of one, we should bring down the foot very gradually for If we are in a hurry we not only run a risk of injuring the patient but the foot will slip from us, If the shoulder be jammed at the superior aperture of the pelvis, so as to prevent the introduction of the Hand we must endeavour to turn it and for this purpose Dr. Burton of york invented an instrument in the form of a crutch but the hand introduced in that form is certainly much preferable. If the shoulder is so fast jamed, as we possibly cannot turn it, we must rely on nature, it has happened that by the ~~fatible~~ forcible contraction of the uterus the body of the child has revolved round its own axis and the feet pushed down but we never should rely upon this as it requires many adventitious circumstances as a large pelvis, small child strong pains &c. one of these alone should induce us to leave the labour; this circumstance which has happened and may ~~again~~ again, therefore

We mention 93 If a distorted pelvis is combined with a ~~distorted pelvis~~ preternatural presentation the difficulty is increased and we have a great deal of trouble in bringing the head away, If after the body is expelled, we finde by the funis that the child is alive; we should compleat the delivery as soon as we can but we must ~~complete~~ get it through the pelvis in the most favorable manner, the forceps will here be usefull but if we find that the child is dead; we should leave it to nature for some hours at least; or if the friends of the patient should be importunate we should open the head but we must be carefull not to divide the muscles or ligaments which connect the head to the vertebra otherwise when we attempt to extract the head which will be separated and left in the uterus if such a case should happen some have advised it to be left to nature, tho recommend the forceps. It being a moveable body we shall find some difficulty in applying them unless the head can be fixed by an assistant pressing the abdomen.

Anomalous Labours.

These are where some accident happens during labour which is dangerous to the life of the mother or child as the funis coming before the head, flooding, convulsions &c. If the funis comes down before the head and we perceive a pulsation in it, we ought to deliver the woman speedily or the child will be destroyd in 1/2 labours If we cannot reduce the funis and keep it up we should turn the child or if the head is low down, use the forceps or lever, the same practice is requisite if the funis precedes the Breech; it one thing is to be ~~rem~~ remembered that as soon as you have retaind one part of the funis another falls down; Dr. Mackenzie to prevent this, inclosd the ~~prod~~ protruded funis in a piece of cloth and returnd it, which had a good effect; In all violent flooding cases the women must be delivered Immediately, to deliver the women there have been a variety of Instruments invented the one in principal use is the forceps; the best hold which we can obtain is to have the hollow of the blades over

The ears and the point towards the chin they are never proper in breech cases; as here we can use the fillet, blunt hook & the forceps are very usefull in wedgd cases of the head, that is where its long diameter is forced into the narrow diameter of the pelvis, they are usefull likewise in slight vitiation of the pelvis but if the pelvis is more than six lines too narrow the child will be destroyd by the pressure of the forceps. the 1st stage of labour should be compleated before we attempt to use the forceps they should be warmd before they are used; we should make it a rule never to use the forceps till we feel the ears as we are to be guided by them in the application of the forceps. the lever is used with the same intention as the forceps, it is an instrument very mutch in use at present and preferd to the forceps as its application is more easy safe yet we can exert more force with the forceps. sometimes in labour there is a cessation of the pains

without any apparent cause this may be either temporary or final and this we are to judy of by the symtoms of the patient If its only temporary the pulse will not sink the ~~coutte~~ countenance will remain unaltered and the spirits good in this case we should use cordials frictions to the abdomen &c &c. ~~but~~ but if the countenance alters, the pulse ~~at~~ sinks we must not only give cordials, ~~&~~ but deliver the; in general we can apply the forceps while the woman is on her left side conveniantly but if the head is very low down, the patient should lie on her back we must be very careful in introducing the blades of the forceps, the best method is ~~1st~~ to introduce one or two fingers of the right hand over the ear and introduce the left hand blade of the forceps between the fingers and head, we then pass two fingers of the left hand over the other ear and introduce the other blade, we then lock the forceps and extract slowly from side to side during a pain, we must not attempt to turn the head, as nature will spontaneously

F
152 so that we extract matter better than we
can, when the head is passing through the os
externum, we should elevate the handles of the
forceps and at the time support the perine
with the other hand when we use the lever; we must
make our hand the fulcrum as nearly as
possible upon the ramus of the ischium and not
upon the pubis as was formerly done. the head
cannot be wedged only from long continued pains
it cannot happen in a well formed pelvis
or if it is much vitiated where a pelvis is
much vitiated the child must be born dead
and as the use of the forceps and lever is
prejudicial to the mother: it will be better
practice to open the head immediately as this
an operation perfectly consistant with the safety
of the mother, the symptoms of a dead child
are extreamly uncertain the most certain is
a putrid discharge from the vagina, could we
ascertain it we might relieve the patients sooner
by opening the head of the child, the best
instruments for this purpose is the long
Scissors;

≡ For when the capacity of the pelvis is so straight as not to permit any part of the childs head to be protruded through the superior aperture nor to admit two fingers ~~hand~~ of the accoucheur's hand at the bottom to conduct proper Instruments with safety to open and diminish the fœtus head and secure a firm hold to procure the extraction the cæsarian section has there been practised or the unfortunate woman become the victim of the = = imperfection of the art

Hamilton

: Sir Fielding could call it a detestable barbarous and Illegal piece of inhumanity and endeavours to prove the improbability and even impossibility of its success on the contrary if we could rely on the testimony of authors since the 17th accounts of the cæsarean operation successfully practised by a sow gelder on his own wife in the 16th century & many well attested histories appear'd on record In which it is said to have been successfully performed

+ Vide Bauhins Appendix to Rouffets Treatise —

When the narrow diameter at the brim or bottom of the Pelvis does not exceed one or 2 Inches that this operation is justified by modern practitioners in consequence of distortion ≡

Which we push through one of the fontanels if we can or through a suture, you then open the scissars in every direction to enlarge the opening and Introduce an Instrument to destroy the texture of the brain/ a common spoon is as usefull an Instrument for this purpose as any/ after the brain is evacuated we extract the head by a blunt hook introduced through the opening If the vitiation is very considerable we should leave the head to be softend by putrefaction,

Of the Casarean Operation

This is an opening made into the uterus, in order to extract the child; It has been employed where woemen have died suddenly during labour; In order to preserve the life of the child: it may be performed in those cases where the uterus ruptures during labour and the child escapes into the cavity of the abdomen; whenever the head of the child can be examined per vagina it should always be extracted through, that ~~canal~~ canal; in a rupture of the uterus *

The case of Elizabeth Sherwood
on whom Dr. Osborn operated) ~~is~~ is extraordinary
~~all more extraor~~, Her Pelvis in the short diameter
measured (I. 8 from Sacrum to pubis) 3/4ths of an Inch
on the left side quite to the Illium which was about
2 1/2 Inches in length the space was certainly not wider
It was even thought to be narrower. on the right side the
apperture was rather more than two Inches in length
from the protuberance to the Illium It was at the
utmost about 1 3/4 Inches from the Sinus to the fore part
but it became gradually narrower both towards
the Illium and towards the projection yet after the
Child's head had been spend 36 hours the child
was delivered; and on the 7th day the patient was as
well as at any former period of her life
Osborn Vide page 750

* Vide the last page of this Book

the life of the woman is not to be attended as she allways dies, but surely we should endeavour to save the child; in France this operation is oftener necessary than in England, as their laws prohibite the opening the head of the child, upon a calculation 9 out of 10 women die who have it performed and as we are allowed to open the head in this country, the Cesarean operation will never be found necessary.

Of the treatment of lying in Women

As soon as the placenta is extracted we should chainge the position of the patient by putting the lips on the stretch as this very much refreshes them, we should then remove the wet cloth from the pudendum, and apply a warm dry one, the practitioner by these little circumstance shows attention to his patient and ingratiates himself in her favour. the woman should then take some light cordial as a little warm wine the French usually give spermaceti and oily mixtures at this time but they are apt to produce nausea however ~~of the patient~~

G
1535 If the patient has been accustomed to this
~~m~~ method we should pursue it, or she will not
think well of us; we should attend to the heat
of the room nurses are too fond of keeping their
patients too warm ~~&c~~ ~~yet~~ general poor women
recover from a lying in better than rich; this has
been attributed to difference of constitution, to
which may be added a difference in the after
treatment; women are fond of being delivered
on the bed, but weakly women should be delivered
in By ~~by~~ that means they avoid the fatigue of being
removed afterwards however they should
not be put to bed, till the labour is pretty far
advanced, otherwise they become anxious and
the labour is retarded; with respect to the
food of the patient, we should be guided by
her accustomed habits she may have toast,
and tea, beef tea, whitemeat, fish ~~&c~~ &c.
in ~~the~~ ~~the~~ hysteric women the food should
be more of a cordial nature and taken often;
vegetables seldom agree well (after delivery)
with women and are therefore improper.

I
15 C

the woman should be shifted in about 16 or 18 hours according to the strength she has required, the patient should be chaing'd every day about the 2nd or 3rd day she should sit upright in bed to prepare her for the fatigue of getting out of bed and completely shifted the 4th or 5th day this is generally done towards evening that the fatigue may procure her sleep in the night, about the 3rd day or sooner if there should be any inflamatory diathesis or pain in the abdomen, the bowels should be emptied and this is best done by cooling glysters, but if if the patient is averse to this, we ~~no~~ may give castor oil, magnesia or any other mild purgative we should not purge before the 3rd day unless there should be necessity as it disturbs the secretion of milk: the 5th day is reckoned critical as the patients ~~with the patient~~ is seldom attack'd (after this day) with puerperal ~~fev~~ fever, and we always find that nurses wish to confine three

patients to bed on that day. the disease which happen after delivery are much improv'd in the method of treatment since men have studied midwifery as a profession. they are divided into 3 classes the 1st from the delivery of the patient till the termination of the 3rd day. the 2nd from the 3rd till the termination of the 6th, and the 3rd class from that period till the termination of the 5th day. those complaints that occur during the 1st three days are faintings, after and spasmodic pains, excessive discharge of lochia and diseases of the external parts there are two distinctions to be made to these faintings ~~which~~ which lying in women are subject, the one arise merely from the sudden removal of the ~~[illegible]~~ pressure of the uterus, and is not dangerous, in this the pulse is readily felt and there is a warmth in the body in the other species the body seems cold the pulse is hardly perceptible, the countenance is very much alterted and the respiration is high, this is a mortal symptom and in general ~~the~~ proceeds unintended Hemorage or a rupture of the

Uterus; In the former case affording
pressure to the abdomen by a Bandage giving
mild cordials cooler air is in fer generall
sufficient but in the later case besides these
we should use the most powerfull stimulants
for exciting the action of the uterus, we must
distinguish spasmodic from after pains
the former generally comes on after delivery
very soon; and attacks persons who have had
children before, are periodicall are confin'd
to the region of the uterus and usually go off
in 24 hours, tho sometimes not till the
second or third day spasmodic pains usually
come on after delivery, attacks women in
labours, after pains are occasiond by the
efforts the uterus makes to extract coagula
of blood &c. Dr. Burton recommend the introduction
of the hand for the removall of them but this
gives pain and they will collect again
and nature will expel them, we may give
Spermaceti or Camphor with opium in spasmodic
pains we should use glysters, opium:
Camphorated Embrocation fomentations to the
abdomen.

The Lochia is a discharge of Blood which takes place as soon as the Placenta is seperated, this is a natural discharge and not to be attended to by the practitioner, unless it should be excessive which is known from the effects it produces, this discharge in healthy women usually ~~contin~~ continues red for 4 or 5 days it then becomes more limpid and is call'd by ~~the~~ the nurses the green waters this in healthy women continues for 10 or 12 days but in weak habits sometimes a ~~mo~~ month, the passions of the mind may increase this discharge as may laborious labours warm drink, twins, and the rude extraction of the placenta. If a ~~pa~~ portion of which is left behind, it will cause an immoderate and fatal flow 4 or 5 days after delivery there is not an instance upon record of it's proving mortal, if it does not take place till 12 hours after delivery; to relive the disease we should endeavour to excite the action of the uterus by cordials, cloths dipped

In vinegar and water and applyd cold to the abdomen and removd as often as they acquire the temperature of the body; by making moderate pressure on the abdomen by introducing lint (dipped into vinegar and water) into the vagina we should expose the patient to the cold air att all seasons. & confine her to an horizontal posture & our prognostics in this case ~~att~~ as well as all other Hemorrhages, should be guided ~~on~~ by the effects produced upon the constitution and not to the quantity of blood lost. the external organs are subject to Inflamation and contusion, which may be removd by evacuations and topicall applycations; a laceration of the Perineum sometimes occur, some authors recomend but they will not answer, as the urine being insinuated into the wound prevents its healing by 1st Intention, we should keep the ~~Bowels~~ bowels hard & clean and the knees laid together, the bowels ~~take~~ kept open, a complicated laceration proves very troublesome

But a partial one is easily cured when this is the case, there is a violent smarting after delivery, which continues and is increased upon the patient voiding her urine.

The urethra may be lacerated during labour or from the long pressure of the head of the child, It may slough afterwards, in this case the urine comes through the wound, and when we introduce the catheter we shall discover the wound, If it happens to be a laceration; It will be discovered soon after delivery; If it's from a slough, It will not be known for several days; If its a large portion it is generall ~~incurable~~ incurable. The flowing of the milk is generally preceded by slight ~~rigors~~ rigours if the Breast is not suckled the milk may be absorbed into the constitution and produce fever or If is not absorbed it will produce abscess in the ~~Breast~~ Breast, it is a provision of nature that the milk just secreated has a purgative quality

Admirable calculated to cleanse the bowels of the child; women who do not suckle their own child in general have very little milk in succeeding labours and that is readily absorbed, and vice versa, those women who mean to suckle their children should have them applied in 12 or 24 hours after delivery except the woman should be very weak an then we may defer it a little while longer; women suffer more from their milk than any animals; owing to the peculiar sensibility and structure of the breast; in brutes the ducts are not so numerous as the human subject. where the child dies, or the woman does not mean to suckle the child, she ought to have her breasts drawn; and the body should be kept open; there are many contrivances of breast glasses &c for drawing off the milk; but the mouth of a person is the best method; If Inflamation comes on, a lotion of crude sal ammon: in vinegar will be proper If we finde suppuration likely to commence we should encourage it, by poultices, but the

But tho we can distinguish a fluctuation, it will not be proper to open the breast with the lancet &c as those wounds are apt to become fistulous; after they are broke superficial dressings will be all that is requisite.
If we find them slow in suppurating we may add a little strained galbanum to each poltice.
The nipples are liable to ulceration; of two kinds If its at the basis of the ~~x~~ nipples It most ~~&~~ probably is venereal and if so the only cure is mercury: but there is often an ulceration of ~~x~~ nipples themselves which may be removed by frequent washing with brandy and water or weak solutions of vitriol alba. (vide contra)

Puerperal Fever

This fever has been attributed to violence in delivery but it most frequently happens to those women who have good labours, this disease seldom occurrd formerly, but since the erecting of Hospitals and the increase of towns, it has been more frequently observd the 1st accurrent we have of this disease was in 1604 when it happeni'd at the hotel dieu at Paris, and they attribute it, to the lying in ward being near that of for the reception of wounded and they observd the number of persons attack'd with this disease, varied in proportion to the number of wounded persons in the ward below, the next we have of it was in 1746 It usually attack'd the women about the 3rd or 4th day after delivery with tension and pain in the abdomen, flacidity of the mama and if ~~the milk and~~ if the milk was secreated it was generally absorbd; it most generally attack those women who neglect cleanliness.

Parry who wrote on this disease supposd

It to be owing to a metastasis of the milk

P who also wrote upon it said it often came on so late as the 2nd or 3rd week and recommends Camphor as a very powerful medicine, but however in a subsequent publication he acknowledged its inefficacy: this ~~the~~ disease disease occurd in dublin 1763 but not in England till 1770 and this accounted by lying in hospitals not being in England so soon as in France.

This disease comes on with a ~~rig~~ rigour, and a repetition of every thing that is taken within the stomach, pain and tension of the abdomen, the bowels are sometimes costive and others lax, the latter state is generally the most favorable the pulse at 1st is full but becomes weak, the respiration is difficult. It usually ~~terminates~~ terminates fatally between the 4th and 7th day the prognosis is always unfavorable, the principle distinguishing symtom, is the violent tension and pain in the abdomen, very contrary practice in respect to bleeding

have been employd, but with any success
Emetics are sometimes found serviceable, ~~be~~
but a great deal depends upon their being
administered soon after the attack of the
complaint, in plethoric habits, sometimes
bleeding will be of service, but we must be very
cautious, particularly in Hospitals and large
towns, this fever is seldom communicated
except one woman being near another who is
contaminated, It never effects any person
but women who have been brought to bed.
It may be distinguish'd from Inflamatory
fevers, by not comeing on immediatly after
delivery and from its attaking women
who have had very good Labours.

(vide contra)

The Miliary Fever

Sometimes attacks lying in women, its of two kinds the red and white, the former is the least dangerous, there in this an eruption of small red pimples the white kind which is most dangerous, has small white ~~transparent~~ transparent ~~pimples~~ vesicles, containing a fluid, the red kind generally commences about the 3rd day after delivery with fever, no milk is secreted, there is a pain in the back and loins, nausea and vomiting itching in the breast and neck, where the ~~tumors~~ pimples appear; in the white kind the symtoms are the same but more violent, this disease is generally the effect of improper treatment, as giving the patients heating things &c. It usually happens in the summer and after tedious labours &c. the danger of this complaint is in some degree to be estimated by the number.

Dr. Leake's practical
observations on the child
bed fever 5th Edition page 255

Of Eruptions: If the fever diminishes on the appearance of the eruption there is less danger, but if the fever does not give way, or there should be cold fits after the eruption, if the eruption should appear and disappear alternally, or if there is a stupor, the prognosis is as unfavourable, the treatment of this disease is similar to the small pox.

The proper time for weaning children is from the 5th to the 12th month. The pulse in young children is usually at 140. In the mild Thrush Borax and Honey is very good application, in the more putrid kind the Bark and cordials are proper.

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Finis

= He gave an opiate and took his leave of the patient, not expecting to have seen her ~~in~~ alive ~~life~~ again; she slept well that night; complained for a few days of an uneasy sensation like after pains; on the 5th day matter in a large quantity appeared on the cloths at the pudendum, but without much pain, the discharge gradually lessen'd, and her recovery otherwise was nearly as good as if no Extraordinary accidents had happen'd.

Hamiltons

Midwifery

Vide page 153 of this Book ~~the line~~ and the last line and word

About four years ago in a case where the shoulder of the child had presented in an oblique direction at the brim of the pelvis, the labour had been permitted to go on from the morning till the after noon the midwife had mistaken the presenting part for the breech; and the pains, after a few hours, became so strong and forcing, that she expected the child to be expell'd with every throwe, the patient soon after became restless to bring and delivery ensued.

In this situation Dr. Hamilton was call'd in.

When the patient was properly secur'd by assistants, he passed up his hand with difficulty, and discover'd a considerable rent in the uterus, towards the superior and latter part of the cervix, through which the shoulder and arm of the child had escaped into the cavity of the abdomen. Every attempt to insinuate the hand so high as to reach one or both feet, with a view to bring them down and deliver, brought on an impetuous gush of blood. I was therefore obliged to deliver with the crotchet; and more readily adopted this method, as there was little reason to expect from the history of the case, that the child was alive. It appear'd to have died the day before; After the feet and body were extracted, the arm was readily relieved, but in bringing down the other, tho every precaution was employ'd, the wound in the uterus was increas'd downwards to the very edge of the os Tinea; the placenta was remov'd by the introduction of the hand into the uterus on account of blooding; and some portion of intestine reduced, which had been forced through the wound of the uterus, and protruded at the vagina almost as far as the os externum. This gave me an opportunity of examining the rupture which I found already amazingly diminish'd by the contraction of the

Uterus =